

N.M. Oil Cons. Div-Dist. 2

1301 W. Grand Avenue

Alamosa, NM 88210
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NMLC 029171C

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use 'APPLICATION FOR PERMIT' for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

RECEIVED

APR 11 2006

GOV-ALAMOSA

2. Name of Operator

Shackelford Oil Company

2. Address

P.O. BOX 10665, Midland, TX 79702

Telephone No.

432-682-9484

3. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit J, 1980' FSL & 1980' FEL, Sec. 15, T20S, R30E

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Keys Federal #2

9. API Well No.
30-015-04676

10. Field and Pool, or Exploratory Area
P.C.A. Yates

11. County or Parish, State
Eddy, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other RETURN TO PRODUCTION

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well was returned to production 2/1/06. 24-hr. test: 1 BO and 40 BW.

Accepted for record - NMOCD

ACCEPTED FOR RECORD
APR 10 2006
GARY GOURLEY
PETROLEUM ENGINEER

14. I hereby certify that the foregoing is true and correct

Signed Debbie McKelvey Title Don Shackelford (Principal) by Debbie McKelvey, Agent Date _____
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____