

District I
1625 N. French Dr., Hobbs, NM 88240

District II
811 S. First St., Artesia, NM 88210

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

HOBBS OCD

Oil Conservation Division

Submit one copy to appropriate District Office

AUG 17 2015

1220 South St. Francis Dr.
Santa Fe, NM 87505

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address SHACKELFORD OIL COMPANY 203 W WALL ST, STE 200 MIDLAND, TX 79701		² OGRID Number 20595
		³ Reason for Filing Code/ Effective Date RC 5/1/2015
⁴ API Number 30 - 025-24869	⁵ Pool Name LUSK DELAWARE, WEST	⁶ Pool Code 41540
⁷ Property Code	⁸ Property Name LUSK FEDERAL #A-12	⁹ Well Number A-12

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	20	19S	32E		1660'	FNL	2300'	FEL	LEA

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	20	19S	32E		1660'	FNL	2300'	FEL	LEA
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 5/15/2015	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
21778	Sunoco, Inc R&M P.O. Box 2039 Tulsa, OK	O
180055	DCP Midstream 10 Desta Dr Suite 400 W, Midland, TX 79705	G

IV. Well Completion Data

²¹ Spud Date 1/20/1975	²² Ready Date 5/1/2015	²³ TD 6683'	²⁴ PBDT 6350'	²⁵ Perforations 4920-30'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	819"	580 Circ		
11"	8 5/8"	4482'	1650 (TOC 1350')		
7 7/8"	5 1/2"	6683'	800 (TOC 2710')		

V. Well Test Data

³¹ Date New Oil 5/10/2015	³² Gas Delivery Date 5/15/2015	³³ Test Date 5/22/2015	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure -0-	³⁶ Csg. Pressure 25
³⁷ Choke Size OPEN	³⁸ Oil 12	³⁹ Water 5	⁴⁰ Gas 7 MCF	⁴¹ Test Method Pumping	

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:
Don Shackelford

Title:
President

E-mail Address:
Bradyshackelford@sbcglobal.net

Date:
6/1/2015

Phone:
(432) 682-9784

OIL CONSERVATION DIVISION

Approved by:

Title:
Petroleum Engineer

Approval Date:
09/08/15

E-TEAM

SEP 09 2015

KE

AUG 17 2015

Form 3160-5
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPY

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.
NMLC065710A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

Oil Well Gas Well Other

8. Well Name and No.
MULTIPLE SEE ATTACHED

2. Name of Operator
SHACKELFORD OIL COMPANY

9. API Well No.
30-025-24869

3a. Address
203 W WALL ST, STE 200
MIDLAND, TX 79701

3b. Phone No. (include area code)
(432) 682-9784

10. Field and Pool or Exploratory Area
LUSK WEST DELAWARE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC 20 T19S R32E 1660' FNL & 2300' FEL

11. Country or Parish, State
LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>CHANGE OF NAME</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

DUE TO RECOMPLETION TO THE CHERRY CANYON FORMATION THIS WELL IS NO LONGER IN LUSK WEST DELAWARE UNIT. THEREFORE, THE NAME HAS BEEN CHANGED FROM THE LUSK WEST DELAWARE UNIT #7 TO THE LUSK FEDERAL #A-12

WELL PRIOR TO RECOMPLETION	NAME LWDU #7	API 30-025-24869	LEASE NMLC065710A
WELL AFTER RECOMPLETION	NAME LUSK FEDERAL #A-12	API 30-025-24869	LEASE NMLC065710A

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

Name (Printed/Typed)
DON SHACKELFORD

Title PRESIDENT

Signature

Date 06/01/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

AUG 17 2015

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

COPY

FORM APPROVED
OMB NO. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.
NMLC065710A

1a. Type of Well Oil Well Gas Well Dry Other
 b. Type of Completion: New Well Work Over Deepen Plug Back Diff. Resrv.,
 Other: _____

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

2. Name of Operator
SHACKELFORD OIL COMPANY

8. Lease Name and Well No.
LUSK FEDERAL #A-12

3. Address 203 W WALL ST, STE 200
MIDLAND, TX 79701

3a. Phone No. (include area code)
(432) 682-9784

9. AFI Well No.
30-025-24869

4. Location of Well (Report location clearly and in accordance with Federal requirements)*

10. Field and Pool or Exploratory
LUSK WEST DELAWARE

At surface 1660' FNL & 2300' FEL

11. Sec., T., R., M., on Block and Survey or Area
SEC 20 T19S R32E

At top prod. interval reported below

12. County or Parish 13. State

At total depth

LEA COUNTY NM

14. Date Spudded 15. Date T.D. Reached 16. Date Completed
 D & A Ready to Prod.

17. Elevations (DF, RKB, RT, GL)*

18. Total Depth: MD TVD 19. Plug Back T.D.: MD TVD 6135'

20. Depth Bridge Plug Set: MD TVD 6411'

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)

22. Was well cored? No Yes (Submit analysis)
 Was DST run? No Yes (Submit report)
 Directional Survey? No Yes (Submit copy)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cement Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17 1/2"	13.3/8"		0'	819'		580 sks		Surface	
11"	8 5/8"		0'	4482'		1650 sks		1350'	
7 7/8"	5 1/2"		0'	6683'		800 sks		2710'	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2 3/8"	4970'				

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) CHERRY CANYON	4676'		4920 - 30'		40	OPEN
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, etc.

Depth Interval	Amount and Type of Material
4920 - 30'	55,327 Gallons of Frac Fluid & 45,100 lbs of Frac Sand

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
5/10/15	5/22/15	24	→	12	7	5	39		PUMPING UNIT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
		25	→						

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

*(See instructions and spaces for additional data on page 2)

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

29. Disposition of Gas (Solid, used for fuel, vented, etc.)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
RUSTLER	770'	1082'			
SALADO	1083'	2394'			
TANSIL	2395'	2582'			
YATES	2583'	2884'			
CAPITAN	2885'	4675'			
DELAWARE	4676'	6135'			

32. Additional remarks (include plugging procedure):

33. Indicate which items have been attached by placing a check in the appropriate boxes:

- Electrical/Mechanical Logs (1 full set req'd.)
 Geologic Report
 DST Report
 Directional Survey
 Sundry Notice for plugging and cement verification
 Core Analysis
 Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) Don Shackelford Title President
 Signature Don Shackelford Date 10/1/15

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.