

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
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-104
Revised August 1, 2011

HOBBS OCD

DEC 22 2015

Submit one copy to appropriate District Office

RECEIVED

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 - 11/11/2015 |
| ⁴ API Number 30 - 025-34173 | ⁵ Pool Name Lusk Delaware, West | ⁶ Pool Code 41540 |
| ⁷ Property Code | ⁸ Property Name Lusk Federal #A-11 (Formally Lusk West Delaware Unit #11) | ⁹ Well Number A-11 |

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 |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| K | 20 | 19S | 32E | | 1980' | FSL | 1980 | FWL | 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 |
|-----------------------------|--|---|-----------------------------------|------------------------------------|-------------------------------------|------------------|---------------|----------------|--------|
| | | | | | | | | | |
| ¹² Lse Code F | ¹³ Producing Method Code P | ¹⁴ Gas Connection Date 11/11/2015 | 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, Ste 400 W. Midland, TX 79705 | G |

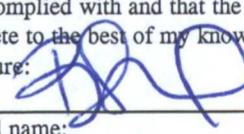
IV. Well Completion Data

| | | | | | |
|--------------------------------------|--|---------------------------|-----------------------------|---|-----------------------|
| ²¹ Spud Date 8/25/2015 | ²² Ready Date 11/11/2015 | ²³ TD 6630' | ²⁴ PBTD 6595' | ²⁵ Perforations 4908' - 4920' | ²⁶ DHC, MC |
| ²⁷ Hole Size | ²⁸ Casing & Tubing Size | ²⁹ Depth Set | ³⁰ Sacks Cement | | |
| 17 1/2" | 13 3/8" | 848' | 675 | | |
| 12 1/4" | 8 5/8" | 4204' | 1860 | | |
| 7 7/8" | 5 1/2" | 6630' | 900 | | |

V. Well Test Data

| | | | | | |
|--|---------------------------------|---------------------------------------|-------------------------------------|---|-----------------------------------|
| ³¹ Date New Oil 11/11/2015 | ³² Gas Delivery Date | ³³ Test Date 11/13/2015 | ³⁴ Test Length 24 Hrs | ³⁵ Tbg. Pressure | ³⁶ Csg. Pressure 70 |
| ³⁷ Choke Size | ³⁸ Oil 133 | ³⁹ Water 12 | ⁴⁰ Gas 45 | ⁴¹ Test Method Pumping Unit | |

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:
Brady Shackelford

Title:
CFO

E-mail Address:
bradyshackelford@sbcglobal.net

Date: 12/1/2015 Phone: (432) 682-9784

| | |
|---------------------------|--|
| OIL CONSERVATION DIVISION | |
| Approved by: |  |
| Title: | Petroleum Engineer |
| Approval Date: | 07/14/16 |



MAR 14 2016



"FOR RECORD ONLY"

Form 3160-5
(August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

COPY

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.
NMLC065710-A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator
SHACKELFORD OIL COMPANY

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

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC 20 T19S R32E 1980' FSL & 1980' FWL

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

8. Well Name and No.
MULTIPLE NAMES

9. API Well No.
30-025-34173

10. Field and Pool or Exploratory Area
LUSK DELAWARE, WEST

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 checked="" 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 OF TO THE UPPER CHERRY CANYON DELAWARE FORMATION, THE WELL IS NO LONGER IN THE LUSK WEST DELAWARE UNIT. THEREFORE, THE NAME HAS BEEN CHANGED FROM THE LUSK WEST DELAWARE UNIT #11 TO THE LUSK FEDERAL #A-11

| | | | |
|----------------------------|-----------------------------|--------------|--------------|
| WELL PRIOR TO RECOMPLETION | NAME | API | LEASE |
| | LUSK WEST DELAWARE UNIT #11 | 30-025-34173 | NMLC065710-A |

| | | | |
|-------------------------|--------------------|--------------|--------------|
| WELL AFTER RECOMPLETION | NAME | API | LEASE |
| | LUSK FEDERAL #A-11 | 30-025-34173 | NMLC065710-A |

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

Name (Printed/Typed)
BRADY SHACKELFORD

Title CFO

Signature

Date 11/24/2015

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)

"FOR RECORD ONLY"

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

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5. Lease Serial No.
NMLC065710-A

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

HOBBS OCD

8. Well Name and No.
LUSK FEDERAL #A-11

2. Name of Operator
SHACKELFORD OIL COMPANY

DEC 22 2015

9. API Well No.
30-025-34173

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 DELAWARE, WEST

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC 20 T19S R32E 1980' FSL & 1980' FWL

RECEIVED

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 checked="" 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 checked="" type="checkbox"/> Recomplete | <input type="checkbox"/> Other _____ | |
| | <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 | | |

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8/25/2015 - CUT WELL HEAD
8/26/2015 - INSTALLED BOP - TESTED W/ MEN WELDING TO 3000# - HELD (WITNESSED BY BLM)
8/27/2015 - DRILL OUT 60' PLUG AT SURFACE. TAGGED 2ND PLUG @ 703'
8/28/2015 - DRILLED PLUG FROM 706' - 970' (4' BREAK @ 830')
8/31/2015 - DRILLED CEMENT FROM 970' - 1170'. CIRC CLEAN. RIH CIRC PLUGGING MUD - TAGGED @ 2350'. CIRC WELL CLEAN.
9/1/2015 - DRILLED CEMENT FROM 230' - 2755' - CIRC CLEAN
9/2/2015 - DRILLED CEMENT FROM 2755' - 2860' - CIRC CLEAN. TESTED CASING @ 1000 PSI - HELD. DRILLED FROM 3812' - 3937'
9/3/2015 - DRILLED CEMENT FROM 3737' - 4097' - MADE BIT TRIP. DRILLED 4097' - 4130'
9/4/2015 - DRILLED CEMENT FROM 4130' - 4278' - CIRC CLEAN. TESTED CASING @ 1000 PSI - HELD. TAGGED PLUG @ 4477', DRILLED DOWN TO 4500' - STARTED DRILLING ON METAL.
9/9/2015 - RIH W/ CONCAVE MILL - STARTED DRILLING @ 4503' - DRILL ON METAL TO 4509' POOH W/ MILL
9/10/2015 - TAGGED FISH @ 4524' - DRILLED AND CLEANED DOWN TO 4549'. POOH. RIH W/ BIT TRIED TO CLEAN WELL, COULDN'T CIRC CLEAN.
9/11/2015 - RIH W/ WASH PIPE - DRILLED ON FISH. POOH W/ TUBING
9/15/2015 - POOH W/ BIT, RIH W/ SHOE - DRILLED ON FISH TO 4549'. POOH W/ PIPE, RIH W/ BIT - DRILLED ON CEMENT FROM 4549' - 4607'
9/16/2015 - DRILLED CEMENT FROM 4603' - 4760' - CIRC CLEAN, RIH AND TAGGED 6175' - CIRC HOLE CLEAN. POOH W/ TUBING. RU WIRELINE TRUCK - SET CIBP @ 5420'. RIG DOWN
9/17/2015 - POOH W/ TBG, RIG UP KILL TRUCK - TEST CASING TO 1000 PSI - HELD GOOD W/ CHART (WITNESSED BY BLM PAT HUTCHISON)
LOGGED WELL FROM 5420' TO SURFACE

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

Name (Printed/Typed)

BRADY SHACKELFORD

Title CFO

Signature

Date 12/01/2015

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)

Continued from BLM 3160-5

9/18/2015 – Rigged up wireline truck – perf from 4908' – 4920'. Rih w/ tbg and packer set @ 4832'

9/22/2015 – Rigged up ProPetro to acidize well w/ 1,500 gals of HCL Acid

10/30/2015 – Rigged up Schlumberger to frac. Frac well w/ Nitrogen - 11,935 gals of Frac Fluid and 42,396 lbs of Frac sand

11/2/2015 – Swab test well

11/5/2015 – POOH w/ Tubing, work string and Packer

11/9/2015 – GIH w/ 2 7/8" tubing

11/11/2015 – Put well on production

" FOR RECORD ONLY "

Form 3160-4
(August 2007)

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

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

2. Name of Operator
SHACKELFORD OIL COMPANY

3. Address 203 W WALL ST, STE 200, MIDLAND, TX 79701
 3a. Phone No. (include area code) (432) 682-9784

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
 At surface 1980' FSL & 1980' FWL
 At top prod. interval reported below
 At total depth

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

18. Total Depth: MD 6630' TVD 6630' 19. Plug Back T.D.: MD 6595' TVD 6595' 20. Depth Bridge Plug Set: MD TVD

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 Cementer Depth | No. of Sk. & Type of Cement | Slurry Vol. (BBL) | Cement Top* | Amount Pulled |
|-----------|------------|-------------|----------|-------------|----------------------|-----------------------------|-------------------|-------------|---------------|
| 17 1/2" | 13 3/8" | 54.5# | 0 | 848' | | 675 | | SURFACE | |
| 12 1/4" | 8 5/8" | 32# | 0 | 4204' | | 1860 | | SURFACE | |
| 7 7/8" | 5 1/2" | 15.5# | 0 | 6630' | | 900 | | SURFACE | |

24. Tubing Record

| Size | Depth Set (MD) | Packer Depth (MD) | Size | Depth Set (MD) | Packer Depth (MD) | Size | Depth Set (MD) | Packer Depth (MD) |
|--------|----------------|-------------------|------|----------------|-------------------|------|----------------|-------------------|
| 2 7/8" | | | | | | | | |

25. Producing Intervals

| Formation | Top | Bottom | Perforated Interval | Size | No. Holes | Perf. Status |
|------------------------|-----|--------|---------------------|------|-----------|--------------|
| A) UPPER CHERRY CANYON | | | 4908' - 4920' | | 48 | OPEN |
| B) | | | | | | |
| C) | | | | | | |
| D) | | | | | | |

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

| Depth Interval | Amount and Type of Material |
|----------------|---|
| 4908' - 4920' | NITROGEN FRAC - 11,935 GALS OF FRAC FLUID & 42,396 LBS OF FRAC SAND |
| 4908' - 4920' | ACIDIZE W/ 1,500 GALS OF HCL ACID |

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 |
|---------------------|----------------------|--------------|-----------------|---------|---------|-----------|-----------------------|-------------|-------------------|
| 11/11/15 | 11/13/15 | 24 | → | 133 | 45 | 12 | 37.5 | | PUMPING UNIT |
| Choke Size | Tbg. Press. Flwg. SI | Csg. Press. | 24 Hr. Rate | Oil BBL | Gas MCF | Water BBL | Gas/Oil Ratio | Well Status | |
| | | | → | | | | | | |

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)

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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.)

SOLD

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 |
| ANHDRITE | 756 | 2474 | | | |
| TANSIL | 2474 | 2560 | | | |
| YATES | 2560 | 2770 | | | |
| SEVEN RIVERS | 2770 | 2882 | | | |
| TOP CAPITAN REEF | 2882 | 3920 | | | |
| BASE CAPITAN REEF | 3920 | 4690 | | | |
| DELAWARE | 4690 | | | | |

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) Brady Shackelford
 Signature [Signature]

Title CFO
 Date 12/1/15

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.