

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-5072 30572 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <i>injection</i> MAR 07 2016		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> ✓
2. Name of Operator SHACKELFORD OIL COMPANY ✓		6. State Oil & Gas Lease No.
3. Address of Operator 203 W WALL ST, STE 200, MIDLAND TX 79701		7. Lease Name or Unit Agreement Name LUSK WEST DELAWARE UNIT #103 ✓
4. Well Location Unit Letter <u>C</u> : <u>990</u> feet from the FNL line and <u>1650</u> feet from the FWL line Section <u>21</u> Township <u>19S</u> Range <u>32E</u> NMPM LEA County ✓		8. Well Number 103 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 20595 ✓
10. Pool name or Wildcat LUSK DELAWARE, WEST		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

2/3/2016 - RU PULLING UNIT. GIH W/ 2 7/8" WORK STRING AND PACKER TO 1000', TESTED BACK SIDE DID NOT HOLD PRESSURE. LOCATED HOLE @ 782', ESTABLISHED RATE AT 2 BPM AT 150 PSI. POOH W/ TUBING
 2/4/2016 - SET CIBP AT 1515' AND SET PACKER AT 585'
 2/9/2016 - PUMPED 500 SXS OF CLASS C CEMENT AT 2 BPM AT 150 PSI. SHUT WELL IN WITH 270 PSI
 2/10/2016 - PUMPED ON SQUEEZE, BLED OFF 200 PSI IN 10 MINUTES
 2/12/2016 - PUMPED 15 SXS OF CLASS C CEMENT, SQUEEZED TO 1400 PSI. SHUT IN FOR THE WEEKEND
 2/15/2016 - RU REVERSE UNIT, GIH W/ BIT AND TUBING. DRILLED OUT CEMENT TESTED CASING HELD GOOD. DRILLED OUT CIBP, WILL CLEAN OUT TO TD
 2/16/2016 - CLEANED OUT TO TD WITH BIT AND SCRAPERS, POOH. GIH W/ 2 7/8" PLASTIC COATED TUBING AND PACKER SET AT 6408'. CALLED OCD TO TEST WELL, SET UP FOR 2/29/2016
 2/29/2016 - PRESSURE TESTED WELL, WITNESSED BU KRISTAL HEADY OF OCD (SEE ATTACHED CHART)

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE TITLE CTO DATE 3/4/16

Type or print name Brady Shackelford E-mail address: bradyshackelford@sbcglobal.net PHONE: (432) 682-9784

For State Use Only

APPROVED BY: TITLE Staff Manager DATE 3/1/16

Conditions of Approval (if any):

MAR 14 2016

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PRINTED IN U.S.A.

CHART NO. MC MP-1000

METER _____

CHART PUT ON _____ M

TAKEN OFF _____ M

LOCATION _____

REMARKS 2-29-16

Graphic Controls, Inc.



Shackelford Oil
 Tank West Delaware 103
 30 025 305 72
 Start 560
 End 575
 21 195 32E

Chocoma Services
 Serial 225
 Call 1-800-595-1111
 1000 PST 163496
 Xerox ready 000

Start
 020
 010

End
 025
 015

