

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
5. Lease Designation and Serial No. NM 27572
6. If Indian, Allottee or Tribe Name
7. If Unit or CA, Agreement Designation
8. Well Name and No. Laguna Deep Federal #3
9. API Well No. 30-025-27152
10. Field and Pool, or Exploratory Area TEAS YATES SEVEN RIVERS
11. County or Parish, State Lea, NM

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

2. Name of Operator
Shackelford Oil Company

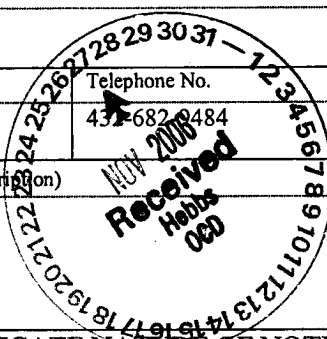
2. Address
P.O. BOX 10665, Midland, TX 79702

Telephone No.

432-682-9484

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

Unit N, Sec. 35, T19S, R33E
990' FSL & 1980' FWL



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

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other COMPLETION ATTEMPT

Shut in

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

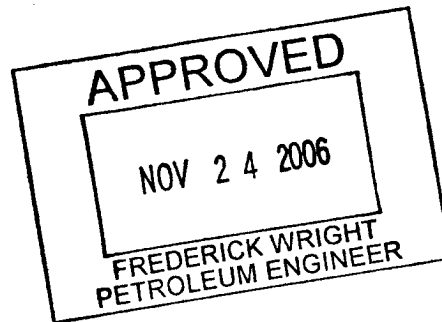
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Attempted a recompletion to the Delaware. Tested and made all water.

Attempted a recompletion to Seven Rivers as follows:

Set CIBP 6524'. Dump bail 35' cement on plug.
Perforated 3423-28', 3432-38' 4 spf.
Acidized with 750 gals. 15% acid.
Swab tested.
Put on pump.
Tested three days - 100% water.
Shut in, currently evaluating.



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

Signed Debbie McKelvey Title for Don Shackelford (Principal) by Debbie McKelvey, Agent Date 10/27/06
(This space for Federal or State office use)

Approved by Chris Williams Title OC DISTRICT SUPERVISOR/GENERAL MANAGER Date _____
Conditions of approval, if any:

OC DISTRICT SUPERVISOR/GENERAL MANAGER

JAN 03 2007