

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

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.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Shackelford Oil Company

3a. Address
3510 N Ast Bldg B Ste. 100

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330 FEL + 330 FSL

Sec 3 T20S R33E

5. Lease Serial No.

NM NM 17238

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No

Tonto Federal #3

9. API Well No.

30-025-34728

10. Field and Pool, or Exploratory Area

Pekanan Teas

11. County or Parish, State

Lea

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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	

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 recompleat 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

See Attached

RECEIVED

**JUN 04 2010
HOBBSOCD**

APPROVED

MAY 30 2010

**JAMES A. AMOS
SUPERVISOR-EPS**

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Clay Houston

Title *Operations*

Signature

Clay Houston

Date

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title

Office

Date

JUN - 8 2010

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)

P.M.

Tonto Federal # 3

Procedure of Recompletion to lower Delaware

1. MIRU WELL SERVICING UNIT
2. POOH WITH RODS AND TBG
3. RIH W/BIT AND SCRAPER TO 8100 AND CIR W/2% KCL WTR
4. POOH W/ BIT AND SCRAPER
5. RU WIRELINE – PERF WELL @ 8066 TO8090
6. RIH W/ PKR – SET @ 7960 AND SWAB TEST
7. ACIDIZE WELL W/ 15% ACID TOTAL 2500 GALS W/ADD
8. SWAB WELL TO DETERMINE FRAC RATES
9. FRAC WELL W/ 60000 #SAND – FLOWBACK
10. SWAB TEST
11. M PUT ON PRODUCTION