P.01

TO

N.M. Oil Cons. Division

Form	3160-5
(June	1990)

Subsequent Report

Final Abandonment Notice

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT P.O. Box 1980 Hobbs, NM 88241

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31 1093

market the transfer to the transfer	
5. Leave Designation and Serial No.	
NM-0176774	
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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	7. If Unit or CA, Agreement Designation
1. Type of Well Coll Gas Other Other		8, Well Name and No.
2. Name of Operator SHACKELFORD OLL C	O	9, API WEU NO. 2071 CA
3. Address and Telephone No. P.O. BOX / COU.S., M. (V.) 4. Location of Well (Footage, Sec., T., R., M., or Survey Do	AND, TX 79702, (915)(082	10. Field and Pool, or Exploratory Area FOST USK VALUE
1980' FUL and L	oleo' FWL	11. County or Parish, State
Sec. 21, T-19-5		Lea, Lim
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE	, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF	ACTION
Notice of Intent	Abandonment Recompletion	Change of Plans

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any propose give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Plugging Back Casing Repair

Altering Casing

On April 2, 1990 We re-entered the Plains#6 as follows:

Drilled Surface Cement plug from 0-80'
Drilled plug in 8518" Casing from 777'-800'
Drilled plug from 2608'-2824' and

Circulated hole clean.

Shut in For evaluation and completion On 4/8/94

14. I hereby certify that the foregoing is true and correct Signed Shacking	Title	Owner			Date 713019	Q
(This space for Federal or State office (1846) Approved by Conditions of approval, if any:	Title .	CCEPTED FOR RECOR	<u> </u>		Date	
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly a or representations as to any matter within its jurisdiction.	ne wil	fully to make to any department of	age	nicy of the United St	ates any false, fictitious or fraudu	lent statements