

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <u>LA 065710</u>
2. Name of Operator <u>SHACKELFORD OIL CO.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>P.O. Box 10665 Midland, TX 79702</u>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>660' FNL AND 330' FWL SEC. 21 T19S R32E</u>	8. Well Name and No. <u>Amoco Federal #1</u>
	9. API Well No.
	10. Field and Pool, or Exploratory Area <u>West Link Delaware</u>
	11. County or Parish, State <u>Lea New Mexico</u>

12. CHECK APPROPRIATE BOX(S) 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"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> 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.)*

This form is being submitted for authorization to store and measure oil production off lease. The lease where this will be stored and measured is NM 0175774. The location of the facility is at the SW/NW Section 21 T19S R32E Lea County, New Mexico.

SUBJECT TO
LIKE APPROVAL
BY STATE

RECEIVED
JAN 13 11 30 AM '97
BUREAU OF LAND MGMT
HOBBS, NM

14. I hereby certify that the foregoing is true and correct		
Signed <u>Alexis C. Swoboda</u>	Title <u>Owner</u>	Date <u>December 15, 1996</u>
(This space for Federal or State office use)		
Approved by <u>(ORIG. SGD.) ALEXIS C. SWOBODA</u>	Title <u>PETROLEUM ENGINEER</u>	Date <u>FEB 12 1997</u>
Conditions of approval, if any:		

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

Title 18 U.S.C. Section 1001, makes 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.

