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N. M. CIL CONS. CUMMISSION

P. O. BOX 1980

iorm 3160-5 June

UNITED STATES

HOBBS, NEW MEXICO 88240 FORM APPROVED Budget Bureau No. 1004-0135

June 1990)		r of the interior	Expires: March 31, 1993
	BUREAU OF L	AND MANAGEMENT	5. Lense Designation and Serial No.
Do not	use this form for proposals to dri	AND REPORTS ON WELLS If or to deepen or reentry to a different reservoir. R PERMIT—" for such proposals	LC 065710 6. If Indian, Allones or Tribe Name
		IN TRIPLICATE	7. If Unit or CA, Agreement Designation
1. Type of Well X Oil Gas Well Well Other			8. Well Name and No.
2. Name of Operator			Amoco Federal #2
Shackelford Oil Co.			9. API Well No. 30- U25-3057
3. Address and Telephone No.			30 0253057 10. Field and Pool, or Exploratory Area
P. O. Box 10665, Midland, TX 79702 (915) 682-9784 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			West Lusk
990' FNL & 1650' FWL Unit (11. County or Parish, State Lea County, New Mexico
12.	CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DATA
	TYPE OF SUBMISSION	TYPE OF ACTION	
	X Notice of Intent	Abandonment	Change of Plans
	Subsequent Report	Recompletion Plugging Back Casing Repair	New Construction Non-Routine Fracturing Water Shut-Off
	Final Abandonment Notice	Altering Casing X Other	Conversion to Injection Dispose Water (Note: Report results of multiple compiction on Well Completion or Recompletion Report and Log form.)
giv	e subsurface locations and measured and true verti	Il pertinent details, and give pertinent dates, including estimated date of startical depths for all markers and zones pertinent to this work.)*	ng any proposed work. If well is directionally drilled,
		way for use of the Amoco Federal #2	
st	corage facility for excess	tubular goods and other oilfield equ	
fi	· A	BBS INSPECTION OFFICE CCEPTED FOR RECORD ATE 3-15-96	OF LAND MGHT
	SIGN	ATUREULS	

4. I hereby certify that the foregoing is true and correct Signed Aget Described	Title	Dane 3-6-96
(This space for Federal or State office use)		
Approved by	Tide	Date

