

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0133
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. NM81960
2. Name of Operator Shackelford Oil Company	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. 2626 Cole Ave. Suite 502 Dallas, Texas 75204	7. If Unit or CA, Agreement Designation N/A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1750' FEL and 660' FSL Sec. 7-19S-32E	8. Well Name and No. Mitchell Federal #1
	9. API Well No.
	10. Field and Pool, or Exploratory Area Lusk (Yates Seven Rivers)
	11. County or Parish, State QU-GB
	LEA

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input 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 checked="" type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

3. 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.)

On 8/10/94 perforated from 2749' - 2753' w/2 spf. Acidized w/1000 gals. of 15% NEFE Acid.

Breakdown Pressure	3300#
Treating Pressure Avg.	1800#
ISIP	1400#
5 min.	1280
10 min.	1250
15 min.	1210

Fluid entry 200' every six hours. Recovery oil and acid water.

RECEIVED
APR 27 11 35 AM '95
CARLISLE
AREA

J. Lara
2 1995

I hereby certify that the foregoing is true and correct		
Signed <u>[Signature]</u>	Title <u>Owner</u>	Date <u>4/25/95</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

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.