

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**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**

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

5. Lease Designation and Serial No.  
**NMNM0175774**

6. If Indian, Allottee or Tribe Name  
**N.M. Oil Cons. Division**

7. NMNM Agreement Designation  
**P.O. Box 1980  
Hobbs, NM 88241**

8. Well Name and No.  
**Mobil Federal #7**

9. API Well No.  
**30 02533548**

10. Field and Pool, or Exploratory Area  
**Lusk Delaware West**

11. County or Parish, State  
**Lea**

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

2. Name of Operator  
**Shackelford Oil Company**

3. Address and Telephone No.  
**P.O. Box 10665, Midland, Texas 79702 (915) 682-9784**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**2410' FSL & 330' FWL, Sec 21, T19S, R32E**

8. Well Name and No.  
**Mobil Federal #7**

9. API Well No.  
**30 02533548**

10. Field and Pool, or Exploratory Area  
**Lusk Delaware West**

11. County or Parish, State  
**Lea**

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

Propose the following procedures:

- 1) Set CIBP @ 3100'
- 2) Set cement retainer @ 2955'. Sting into retainer establish pump rate.  
Pump 500 sks of Class C cement to squeeze hole in DV tool @ 2988'.
- 3) Run CBL if cement above Yates & Seven Rivers. Perforate Seven Rivers @ 2792' - 2800'.
- 4) Acidize Seven Rivers w/ 1500 gallons of 15% NEFE Acid.
- 5) If cement does not cover Yates, Seven Rivers, drill out cement retainer, cement and CIBP and retest lower perms @ 4904' - 4942'.

BUREAU OF LAND MANAGEMENT  
HOBBS, NM  
MAY 1 1 26 PM '97  
RECEIVED

14. I hereby certify that the foregoing is true and correct

Signed *David R. Glass* Title Owner Date 4/28/97

(This space for Federal or State office use)

Approved by ORIG. SGD. DAVID R. GLASS Title PETROLEUM ENGINEER Date MAY 13 1997

Conditions of approval, if any:

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.

\*See Instruction on Reverse Side