

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

☒ 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

5. Lease Designation and Serial No.

NMNM0175774

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

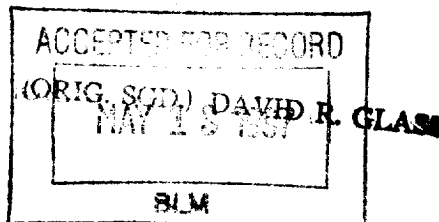
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

On 9/20/96 frac well as follows:

1. Pumped 1000 gallons of NEFE acid at 2.5 BPM max press. 1670, breakdown press. 3314, min press 500.
2. Fraced w/ 27,000 gallons + 45,500# sand

ISIP - 1355
5 min - 1309
10 min - 1287
15 min - 1250

9/25/96 Swab test primarily water will put on pump to test.



BUREAU OF LAND MANAGEMENT
HOBBS, NM

MAY 1 1 26 PM '97

RECEIVED

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

Signed David R. Glass Title Owner

(This space for Federal or State office use)

Date 4/28/97

Approved by _____
Conditions of approval, if any: _____

Title _____ Date _____

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