	New Marine Station and the	
n 3160-5	is and its a	
ne 1990)		
		FORM APPROVED Budget Bureau No. 1004-0135
UNITED STATES		Expires: March 31, 1993
DEPARTMENT O	F THE INTERIOR	5. Lease Designation and Serial No.
BUREAU OF LAN	JD MANAGEMENT	
		NMLC070335
SUNDRY NOTICES AND REPORTS ON WELLS		6. If Indian, Allottee or Tribe Name
o not use this form for proposals to drill or to Use "APPLICATION FOR PI		
SUBMIT ORIGINAL AND FIVE COPIES		7. If Unit or CA, Agreement Designation
Type of Well		
Well Well Other		8. Well Name and No. ——Charles S
2. Name of Operator Shackelford Oil Company		Loomis/Federal #2
		9. API Well No.
		30 02501761
Address and Telephone No.		10. Field and Pool, or Exploratory Area
P.O. Box 10665, Midlan		Teas Yates Seven Rivers
Location of Well (Footage, Sec., T., R., M., or Survey Descrip	otion)	
	1980' FSL and 1980' FWL	11. County or Parish, State
	Sec. 23, T-20S, R-33E,	Lea County, New Mexico
CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTIC	CE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF	
Notice of Intent	Abandonment	Change of Plans
	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	X Dispose Water
		(Note: Report results of multiple completion on Well
3. Describe Proposed or Completed Operations (Clearly state a	11	Completion or Recompletion Report and Log form.)
	to a Salt Water Disposal Well in format rative Order SWD-798 with approval da	<i>t</i> , ,
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	K. co	
	C	
I hereby certify that the foregoing is true and correct	1	• • •
Signed & Obachelon		
	Title Owner	Date July 6, 2001
his space for Federal or State office use)		
pproved by	Title	Date
onditions of approval, if any:		
JAN 18 2002		
itle 18 U.S.C. Section 1001, makes it a crime for any person 1	knowingly and willfully to make to any department or age	ncy of the United States any false, fictious or
raudulent statements or representations as to any matter within i	ts jurisdiciton.	·
PETROLEUM · TR	*See Instruction on Reverse Side	/
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