

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

RECEIVED

FEB 03 2020

EMNRD-OCD ARTESIA

State of New Mexico

Conservation and Natural Resources

CONSERVATION DIVISION

1220 South St. Francis Dr.

Artesia, NM 87505

Form C-103

Revised July 18, 2013

WELL API NO.
30-015-03751

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
29780

7. Lease Name or Unit Agreement Name

Gulf Pipkin Federal

8. Well Number 001

9. OGRID Number
211936

10. Pool name or Wildcat

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other SWD

2. Name of Operator
Shenandoah Petroleum Corporation

3. Address of Operator
24 Smith Rd., Suite 601, Midland, TX 79705

4. Well Location
Unit Letter H : 330 feet from the South line and 605 feet from the East line
Section 34 Township 26 Range 29 NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2884' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: Bradenhead Test ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Bradenhead Test Witnessed by Dan Smolik on January 15, 2020-Passed

Spud Date:

06/21/1961

Rig Release Date:

09/22/1961

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Alexia Seay

TITLE Admin

DATE 01/24/2020

Type or print name Alexia Seay

E-mail address: alexias@shenpetro.com PHONE: 432-685-1964

For State Use Only

APPROVED BY:

Dade

TITLE Compliance Officer

DATE 2-4-20

Conditions of Approval (if any):

District II - Artesia811 S. 1st Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575) 748-9720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Artesia District Office

BRADENHEAD TEST REPORT

Operator Name <i>Shenandoan Petroleum Corp.</i>	API Number <i>30-015-03751</i>
Property Name <i>Gulf Pkkin Federal</i>	Well No. <i># 001</i>

Surface Location

UL - Lot <i>H</i>	Section <i>34</i>	Township <i>26</i>	Range <i>29</i>	Feet from <i>330</i>	N/S Line <i>N</i>	Feet From <i>605</i>	E/W Line <i>E</i>	County <i>Eddy</i>
----------------------	----------------------	-----------------------	--------------------	-------------------------	----------------------	-------------------------	----------------------	-----------------------

Well Status

TA'D Well YES <input checked="" type="radio"/> NO	SHUT-IN YES <input checked="" type="radio"/> NO	INJECTOR INJ <input checked="" type="radio"/> SWD	PRODUCER OIL <input checked="" type="radio"/> GAS	DATE <i>1-15-20</i>
--	--	--	--	------------------------

OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure					
Flow Characteristics	<i>NA</i>	<i>NA</i>	<i>NA</i>		
Puff	Y/ N	Y/ N	Y/ N	Y/ N	CO ₂ _____
Steady Flow	Y/ N	Y/ N	Y/ N	Y/ N	WTR _____
Surges	Y/ N	Y/ N	Y/ N	Y/ N	GAS _____
Down to nothing	Y/ N	Y/ N	Y/ N	Y/ N	If applicable type
Gas or Oil	Y/ N	Y/ N	Y/ N	Y/ N	fluid injected for
Water	Y/ N	Y/ N	Y/ N	Y/ N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
-------	-------	-------	--------	-------

Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

Test - good no pressure

Signature: <i>Danny Smolik</i>	OIL CONSERVATION DIVISION
Printed name: Danny Smolik	Entered RBDMS
Title: Compliance Office O	Re-test
E-mail Address: danny.smolik@state.nm.us	
Date: <i>1-15-20</i>	Phone: 575-626-0836
	Witness: