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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State ☐   Fee ☑

5. State Oil & Gas Lease No.
_____

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.
OIL WELL ☑   GAS WELL ☐   OTHER-

7. Unit Agreement Name
_____

2. Name of Operator

Shenandoah Oil Corporation

8. Farm or Lease Name

Will Terry

3. Address of Operator

406 Mutual Savings Bldg., Fort Worth, Texas

9. Well No.

1

4. Location of Well

UNIT LETTER ____N____ , __1280__ FEET FROM THE ____West____ LINE AND ____660____ FEET FROM

THE ____South____ LINE, SECTION ____23____ TOWNSHIP ____19S____ RANGE ____38E____ NMPM.

10. Field and Pool, or Wildcat

Undesignated

15. Elevation *(Show whether DF, RT, GR, etc.)*

3605.2 Ground

12. County

Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☑	
		OTHER _____	☐
OTHER _____ ☐			

17. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

    Spudded 7:00 P.M. 4-23-67. Drilled 17¼" hole to 346 feet. Cemented 13-3/8" 48# H-40 casing at 346 feet with 350 sacks regular neat cement with 2% calcium chloride. Cement circulated. Plug down at 11:00 A.M. 4-24-67. Waited on cement 20 hours. Tested casing and cement before and after drilling out cement with 1000 psi for 30 minutes. Held O.K.

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

SIGNED __Harold E. Burke__   TITLE __Prod. Supt.__   DATE __5-15-67__

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: