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Form 9-331  
(May 1963)

**U N I T E D S T A T E S**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRI. ATE\*  
(Other instruction on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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—" for such proposals.)

|                                                                                                                                                                                                                      |  |                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                                     |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>NM 535569</b>                          |
| 2. NAME OF OPERATOR<br><b>Shenandoah Oil Corporation</b>                                                                                                                                                             |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                             |
| 3. ADDRESS OF OPERATOR<br><b>1500 Commerce Bldg., Ft. Worth, Texas 76102</b>                                                                                                                                         |  | 7. UNIT AGREEMENT NAME                                                           |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><b>Unit E - 2,310 EWL &amp; 330 24<sup>th</sup> Sec. 31, T-17S, R-29E</b> |  | 8. FARM OR LEASE NAME<br><b>Green Federal</b>                                    |
| 14. PERMIT NO.                                                                                                                                                                                                       |  | 9. WELL NO.<br><b>5</b>                                                          |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>3,675.5 GR</b>                                                                                                                                                  |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Artesia</b>                                 |
|                                                                                                                                                                                                                      |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>Sec. 31, T-17S, R-29E</b> |
|                                                                                                                                                                                                                      |  | 12. COUNTY OR PARISH<br><b>Valley</b>                                            |
|                                                                                                                                                                                                                      |  | 13. STATE<br><b>New Mexico</b>                                                   |

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

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <u>Convert to Water Injection</u>    |                                               |

SUBSEQUENT REPORT OF:

|                                                |                                          |
|------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| (Other) _____                                  |                                          |

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

17. 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.)\*

**I.D. - 2,740', Perforations: 2,654'-96' - Premier**

1. Pull rods and tubing.
2. Clean out to total depth.
3. Run GR - Correlation Log.
4. Perforate Metex - 2,438'-44'
5. Run internally plastic coated tubing with necessary packers and bottom hole flow valves to dually inject into Metex and Premier Zones.
6. Hook up well head for injection.

**Notes:** Casing annulus will be loaded with inert fluid and a pressure gauge will be installed on the tubing-casing annulus.

Completion procedure will be performed in accordance with Commission Order No. R-4134 (Case No. 4520).

R E C E I V E D

JUL 13 1971

O. C. C.

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

SIGNED

TITLE Manager, Secondary

DATE July 8, 1971

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**RECEIVED**  
JUL 12 1971  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

\*See Instructions on Reverse Side

