

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN. M. O. C. C. COPY
SUBMIT IN TRI
(Other Instructi
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0467933

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Shenandoah Oil Corporation ✓		8. FARM OR LEASE NAME Dale H. Parke "B" Tr. "C"	
3. ADDRESS OF OPERATOR 1500 Commerce Building - Fort Worth, Texas - 76102 O.C.C.		9. WELL NO. 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1,980' FNL and 1,980' FFL Section 15 - T17S - R30E		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson, Q.S.A.	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.15-T17S-R30E		12. COUNTY OR PARISH Eddy	
13. STATE New Mexico		14. PERMIT NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,705' Gr.		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) Convert to water injection	XX

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.)*

1. Pull and warehouse rods and tubing
2. Set Halliburton C.I.B.P. below Premier Zone of Grayburg and above Jackson Zone of San Andres
3. Pick up and run internally plastic coated tubing w/Baker 5-1/2 - 14# "AD" tension packer set at approximately 2,600'
4. Hoop up well head and start injection.

RECEIVED
JUL 7 1975
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED C. W. Downey, Jr. TITLE Operations Superintendent DATE July 2, 1975

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side