|                                  |                            | -t-                 |                     |                  | 1-1   |              |                                    |                  |
|----------------------------------|----------------------------|---------------------|---------------------|------------------|---|--------------|------------------------------------|------------------|
| NO. OF COPIES RECEIVED           | 4                          | 4                   |                     |                  |   |              | Form C-103<br>Supersedes Old       |                  |
| DISTRIBUTION                     | <u> </u>                   | 4                   |                     |                  |   |              | C-102 and C-103                    |                  |
| SANTA FE                         | <del>  /,  _</del>         | NE                  | M WEXICO OIL        | CONSI            | ERVATION COMMISSION                                   |              | Effective 1-1-65                   |                  |
| FILE                             | 1/6                        | 4.                  |                     |                  |   | - n          | 5a. Indicate Type of L             |                  |
| u.s.g.s.                         | <u> </u>                   |                     |                     |                  | RECEIVE   | . U          | ·                                  | Fee              |
| LAND OFFICE                      | <del>  , </del> -          |                     |                     |                  |   |              | State X  5. State Oil & Gas Le     |                  |
| OPERATOR                         | $\bot \angle \bot \bot$    |                     |                     |                  | NOV - 6 1978  | }            | E 6947                             |                  |
| 065                              |                            |                     |                     | - <del></del>    | ····  |              | 1947<br>7777777777                 | mm               |
| (DO NOT USE THIS FOR             | SUND                       | RY NOTICES          | AND REPORT          | SON              | WELLS<br>ACK TO A DIFFERENT ESEVOIR.<br>H PROPOSALS.) |              |                                    |                  |
|                                  | APPLICA                    | ATION FOR PERMIT -  | -" (FORM C-101)     | OR SUC           | ARTESIA, OFFICE                                       |              | 7. Unit Agreement Na               | me               |
| l. OIL V GAS                     | $\Box$                     |                     |                     |                  |   |              | ,, 0 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                  |
| WELL X WELL  2. Name of Operator |                            | OTHER-              |                     |                  |   |              | 8. Farm or Lease Nan               | ne               |
| Shenandoah                       | Monter <b>g</b> ey B State |                     |                     |                  |   |              |                                    |                  |
| 3. Address of Operator           |                            | 001 por a 01011     |                     |                  |   |              | 9. Well No.                        |                  |
| P. O. Box                        | 4534                       | - Odessa, T         | exas 797            | 60 -             |   |              | 2                                  |                  |
| 4. Location of Well              |                            |                     |                     |                  | 5.50  |              | 10. Field and Pool, o              | r Wildcat        |
| UNIT LETTER                      |                            | 660                 | FROM THE            |                  | LINE AND FE   | ET FROM      | Shugart (Y,SR                      | ,Q,G)            |
|                                  |                            |                     |                     |                  |   |              |                                    |                  |
| THEL                             | INE, SEC                   | 32<br>TION          | TOWNSHIP            | 185              | 31E   | NMPM.        |                                    |                  |
| mmm                              | 7777                       | 15. E               | Elevation (Show u   | hether           | DF, RT, GR, etc.)                                     |              | 12. County                         | 777777           |
|                                  | 11111                      |                     | 350                 |                  |   |              | Eddy                               |                  |
| 16.                              | ~/////                     |                     |                     |                  | ature of Notice, Report                               | or Oth       |                                    |                  |
| нотіс                            |                            | INTENTION TO        |                     | ate N            |   |              | REPORT OF:                         |                  |
|                                  | _                          |                     |                     |                  |   | <del></del>  | •                                  |                  |
| PERFORM REMEDIAL WORK            | _                          |                     | PLUG AND ABANDO     | × 🔲              | REMEDIAL WORK   |              | ALTERING C                         | :ASING           |
| TEMPORARILY ABANDON              | _                          |                     |                     |                  | COMMENCE DRILLING OPNS.                               |              | PLUG AND A                         | BANDONMENT       |
| PULL OR ALTER CASING             | J                          |                     | CHANGE PLANS        |                  | CASING TEST AND CEMENT JOB                            | d Tia        | In                                 | X                |
|                                  |                            |                     |                     |                  | OTHER Bradenhea                                       | <u>u lic</u> | 111                                |                  |
| OTHER                            |                            |                     |                     |                  |   |              |                                    |                  |
| 17 Describe Proposed or Co       | mpleted                    | Operations (Clear)  | ly state all pertin | ent deta         | ils, and give pertinent dates, i                      | ncluding     | estimated date of start            | ing any proposed |
| work) SEE RULE 1103.             | •                          | •                   |                     |                  |   |              |                                    |                  |
|                                  |                            |                     |                     |                  | •   |              |                                    |                  |
|                                  | Tied                       | bradenhead          | to surface          | with             | n valve exposed.                                      |              |                                    |                  |
|                                  | iica                       | Di adeimeda         | 00 541 1455         |                  |   |              |                                    |                  |
|                                  |                            |                     |                     |                  |   |              |                                    |                  |
|                                  |                            |                     |                     |                  |   |              |                                    |                  |
| ·                                |                            |                     |                     |                  |   |              |                                    |                  |
|                                  |                            |                     |                     |                  |   |              |                                    |                  |
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|                                  |                            |                     |                     |                  |   |              |                                    |                  |
|                                  |                            |                     |                     |                  |   |              |                                    |                  |
| 18. I hereby certify that the    | informati                  | ion above is true a | nd complete to th   | e best           | of my knowledge and belief.                           |              |                                    |                  |
|                                  |                            |                     |                     |                  | •   |              |                                    |                  |
| (0-M)                            | عبيركي                     | cures &             | Z 717L              | <sub>E</sub> Man | <u>ager West Texas-New</u>                            | Mexic        | CO DATE Novemb                     | er 3, 1978       |
| SIGNEDK                          |                            | 10                  |                     |                  |   |              |                                    |                  |
| $\mathbf{n}$                     | , ,                        |                     |                     |                  | r 11  |              | // ¬                               | 70               |
| APPROVED BY B.W.                 | We                         | aver                |                     | .E               | Field   |              | DATE                               | -18              |
|                                  |                            |                     |                     |                  |   |              |                                    |                  |

CONDITIONS OF APPROVAL, IF ANY: