NO. OF COPILS RECEIVED     Image: Complex received       DISTRIBUTION     Image: Complex received       SANTA FE     Image: Complex received       FILE     Image: Complex received	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65
U.S.G.S. LAND OFFICE O.C.C.	Sa. Indicate Type of Lease State XX Pee S. State Oil & Gas Lease No.
ARTESIA, DIFICE SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.	N4201
(DO NOT USE THIS FORM FOR PROPOSALS TO BALL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.) OIL OIL OTHER+	7. Unit Agreement Name
Shenandoah Oil Corporation	8. Farm or Lease Name Continental <sup>D</sup> State
Address of Operator 1500 Commerce Building; Fort Worth, Texas 76102 . Location of Well	9. Well No. 3
UNIT LETTER N 990 FEET FROM THE South LINE AND 1,375 FEET FROM	10. Field and Pool, or Wildeat Artesia Pool
THE West LINE, SECTION 30 TOWNSHIP 17-S RANGE 29-E NMPM	
15. Elevation (Show whether DF, RT, GR, etc.) 3652 GR	12. County Eddy
Check Appropriate Box To Indicate Nature of Notice, Report or Ot NOTICE OF INTENTION TO:	her Data T REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS.	ALTERING CASING [ Plug and Abandonment [
OTHER Convert to Water Injection	[
7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	g estimated date of starling any propos
T.D 2,512' Perforations: Premier 2440-50; Metex 2285-2403	
<ol> <li>Pull Rods and tubing.</li> <li>Clean out to total depth.</li> <li>Run internally plastic coated tubing with necessary packers and w flow regulators to dually inject into Premier and Metex zones.</li> <li>Hook up well head for injection</li> </ol>	with bottom hole
NOTE: Casing annulus will be loaded with inert fluid and a press will be installed on the tubing-casing annulus. Completic will be performed in accordance with Commission Order No.	on procedure
8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	

CONDITIONS OF APPROVAL, IF ANY:

D GAO INSPECTUR .

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