DPERATOR .	Sa. Indicate Type of Lease State X
	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. 1. OIL GAS OTHER- Water Injection 2. Name of Operator	B-2229
Shenandoah Oil Corporation	8. Farm or Lease Name
1500 Commerce Bldg. Fort Worth, Texas	Malmar Unit
UNIT LETTER N. 1980 FEET FROM THE West LINE AND 660 FEET FROM THE South LINE, SECTION 13 TOWNSHIP 17S RANGE 32E NMPM.	The gate of the second
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
Check Appropriate Box To Indicate Nature of Notice, Report or Othe NOTICE OF INTENTION TO:	Lea Allinia er Data
ERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	REPORT OF:
CHANGE PLANS CASING TEST AND CEMENT JOB	ALTERING CASING
Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including es.	

es, including estimated date of starting any proposed

Because of lack of lease gas, and the high cost of purchased gas, this injection well has proven unprofitable to operate at this time.

We request this well be temporarily abandoned. In the future, a complete reservoir study will be made on this unit for possible remedial work and/or water injection pattern change.

	and complete to the best of my knowledge and belief.	
C. W. DOWNEY JR P C. W. DOWNEY JR P Cate Trade by	TITLE District Manager	DATE11/21/77
Marry Courses		BULLER
IS OF APPROVAL, IF ANY:	pires 11/28/78	DATE

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DISTRIBUTION	FWA	ڑر MEXICO OIL CO		SS .	Form C+104	
SANTA FE		REQUEST F	Supersedes Old C-104 and C-110 Effective 1-1-65			
FILE						
U.S.G.S.	AUTHORIZAT	TION TO TRAN	ISPORT OIL AND N	IATURAL GA	45	
IRANSPORTER GAS					· .	
OPERATOR						
PRORATION OFFICE				, <u></u>		
Shenandoah Oil Corpora	tion					
Address 1500 Commerce Building	- Fort Worth.	Texas - 76	51.02			
Reason(s) for filing (Check proper box)			Other (Please	explain)		
New Well	Change in Transp	orter of:				
Recompletion	Oil	Dry Gas		tive Nover	ber 1, 1973	
Change in Ownership XX	Casinghead Gas	Condens				
If change of ownership give name	Great Western	Drilling Co	mpany, Box 165	9, Midland	l, Texas, 79701	
and address of previous owner						
DESCRIPTION OF WELL AND I	JEASE	ame, Including For	rmation	Kind of Lease	Legge No.	
Malmar Unit Tract 1		amar-Graybu		State, KARA	GAREAN B-2148 B-2229	
Location				h <u>ann ian a taine a t</u>		
Unit Letter N ; 1980)Feet From The_	West_Line	and <u>660</u>	Feet From T	heSouth	
13 _	17 South	n 32 Bange	East , NMPM	ł	Lea County	
Line of Section 15 Tow	mship 17 BOUCH	Range	, 140/F W	<u>.</u>		
DESIGNATION OF TRANSPORT	ER OF OIL AND I	NATURAL GAS	3/	· · · · · · · · · · · · · · · · · · ·	ed copy of this form is to be sent)	
Name of Authorized Transporter of Oil			Box 1510 - Mid			
Texas New Mexico Pipel Name of Authorized Transporter of Cas	inchead GasYX or	Dry Gas			ed copy of this form is to be sent)	
Phillips Petroleum con	pany		Box 6666 - Ode			
If well produces oil or liquids,	רי כרי ו	wp. Pge. 75 32E	is gas actually connect YeS	ed? When	n Unknown	
give location of tanks.						
If this production is commingled wit	h that from any other	r lease or pool, g	give commingling orde	r number:		
COMPLETION DATA	(N) Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completio			The set of	<u></u>	P.B.T.D.	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		F.B.1.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas Pay		Tubing Depth	
				<u></u>	Durth Cardina Shaa	
Perforations					Depth Casing Shoe	
	TUBING	G CASING, AND	CEMENTING RECO	<u></u>		
HOLE SIZE	CASING & TU		DEPTH S		SACKS CEMENT	
	<u> </u>	·····		<u></u>		
· · · · · · · · · · · · · · · · · · ·	1					
. TEST DATA AND REQUES: F	OR ALLOWABLE	(Test must be af	ter recovery of total vol	ume of load oil (and must be equal to or exceed top allow	
OIL WELL	Date of Test	able for this de	pth or be for full 24 hour Producing Method (Flo		(t, etc.)	
Date First New Oil Run To Tanks	Date of Test					
Length of Test	Tubing Pressure	·	Casing Pressure		Choke Size	
	•		Water-Bbls.		Gas-MCF	
Actual Prod. During Test	Oil-Bhla.		Addar - Dores			
L	_L		<u></u>			
GAS WELL					Complex of Condensate	
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MM	ĴF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (6h	ut-in)	Casing Pressure (Shu	t-in)	Choke Size	
e annual Manuar (hung) anna hun						
I. CERTIFICATE OF COMPLIAN	CE			CONSERVA	TION COMMISSION	
·			APPROVED	بب	, 19	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED, IS				
		BY				
	• *	-	TITLE		as Aller State	
0 -	1-		This form is	to be filed in	compliance with RULE 1104.	
TY Bal	T & Bates			If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation		
T. P. Bates (Signature)			il tests taken on the weil in accordance with NUCE			
Vice President, Secor	ndary Recovery		i able on new and	W Deleicmoierea	uat be filled out completely for allow cila.	
November 8, 1973	-		11 .		the set and 17 for changes of owner	
C. C	late)		i well name or num	ier, or trunspor	II. III, and VI for change of condition iter, or other such change of condition	