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|--|--|--------------------------------|---|
| NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE | NEW MEXICO OIL CONSERVATION COMMISSION | | Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65 |
| FILE | | | |
| U.S.G.S. | | | 5a. Indicate Type of Lease |
| LAND OFFICE | | | State X Fee |
| OPERATOR | | | 5. State Oil & Gas Lease No. |
| | | | B-2148 |
| SUNDR (DO NOT USE THIS FORM FOR PRO USE "APPLICAT | | | |
| 1. OIL XX GAS WELL WELL | OTHER- | | 7. Unit Agreement Name |
| 2. Name of Operator | | | 8. Furm or Lease Name |
| Shenandoah Oil Corporation | | | Phillips State |
| 3. Address of Operator | | | 0. Well No. |
| 1500 Commerce Buildin | | | |
| 4. Location of Well | | | 10. Field and Pool, or Wildcat |
| | 1980 FEET FROM THE North | LINE AND 660 FELT FROM | Maljamar (G., SA) |
| | ON 16 TOWNSHIP 175 | | |
| | 12. County Lea | | |
| The Check | Appropriate Box To Indicate N | lature of Notice, Report or Ot | her Data |
| | NTENTION TO: | | T REPORT OF: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON | | COMMENCE DRILLING OPNS. | PLUG AND ABANDONMENT |
| PULL OF ALTER CASING | CHANGE PLANS | CASING TEST AND CEMENT JOB | y Abandonment XX |
| OTHER | | | |
| 17. Describe Proposed or Completed C work) SEE RULE 1103. | perations (Clearly state all pertinent det | L | g estimated date of starting any proposed |

This well was T. A. October 1, 1974 due to low production and remedial work to be done. This well will be tested again shortly for production from secondary recovery. If production is still low, well should be held for future tertiary recovery.

We request extension of temporary abandonment.

Et près 10/1/16

18.1 hereby certify that the information above is true and complete to the best of my knowledge and belief.

| SIGNED | ("17 E) erec 200 B | TITLE <u>Operations</u> Superintendent | DATE JUNE 1, 1976 |
|-------------|------------------------|---|-------------------|
| | | ······ | |
| APPROVED BY | Geologist | TITLE | DATE |
| CONDITIONS | S OF APPROVAL, IF ANY: | | |