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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-2516	

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 -" (FORM C-101) 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		8. Farm or Lease Name
Shenandoah Oil Corporation		State "C"
3. Address of Operator		9. Well No.
1018 Commerce Bldg., Ft. Worth, Texas 76102		1-Y
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>G</u> , <u>2140</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM		Maljamar GR-Sa
THE <u>East</u> LINE, SECTION <u>8</u> TOWNSHIP <u>17-S</u> RANGE <u>33E</u> NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
4216' GR		Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☒

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Ran 357' of 8-5/8" O.D. casing cemented at 366' with 300 sacks of regular cement and 2% CaCl<sub>2</sub>. Plug down @ 11:00 a.m. on 1-28-68. Cement circulated. After WOC to 11:00 a.m. on 1-29-68 (24 hrs.) casing was tested with 500 psi for 60 minutes. Tested okay.

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

SIGNED T. P. Bates

TITLE Supv. Secondary Recovery

DATE 1-29-68

APPROVED BY [Signature]

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: