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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 Shenandoah Oil Corporation	8. Farm or Lease Name State "E"
3. Address of Operator 1018 Commerce Bldg., Fort Worth, Texas 76102	9. Well No. 1
4. Location of Well UNIT LETTER A 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 17S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Maljamar GR-SA
15. Elevation (Show whether DF, RT, GR, etc.) 4206' GR	12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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 146 jts. of 5 1/2" O.D. 15.5# 8 Rd. J-55 csg. cemented @ 4613' w/250 sacks of regular posmix. Plug down 8:00 AM on 9-17-68. After 8 hours ran temperature survey. Top of cement by survey - 3575'. After WOC from 9-17-68 to 9-24-68 tested csg. w/1,000# for 60 minutes. Tested O.K.

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

TO T. P. Bates TITLE Supvr. Secondary Recovery DATE October 1, 1968

ED BY [Signature] TITLE _____ DATE _____
TIONS OF APPROVAL, IF ANY: