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NEW MEXICO OIL CONSERVATION COMMISSION

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

OCT 1 1968

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-2516
7. Unit Agreement Name
8. Farm or Lease Name State "D"
9. Well No. 2
10. Field and Pool, or Wildcat Maljamar GR-SA
12. County Lea

SUNDY 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"/>
2. Name of Operator Shenandoah Oil Corporation
3. Address of Operator 1018 Commerce Bldg., Fort Worth, Texas 76102
4. Location of Well UNIT LETTER D , 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 8 TOWNSHIP 17S RANGE 33E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 4213 GR

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

Drilled to T.D. 380'. Set 8 5/8" O.D. H-40 28# casing @ 368' with 250 sacks type "H" cement with 2% CaCl₂. Circulated 15 barrels of cement. Plug down @ 11:00 P.M. on 9-20-68. Witnessed by OCC. After WOC for 24 hours casing was tested w/500 psi for 60 minutes. Tested O.K.

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 Supvr. Secondary Recovery DATE October 1, 1968
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: