

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

HOBB'S OFFICE O. C. C.
 NEW MEXICO OIL CONSERVATION COMMISSION
 JUN 3 12 32 AM '69

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

5a. Indicate Type of Lease
 State ☒ Fee ☐

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 "A"
3. Address of Operator 1018 Commerce Bldg., Fort Worth, Texas 76102	9. Well No. 8
4. Location of Well UNIT LETTER <u>E</u> <u>990</u> FEET FROM THE <u>West</u> LINE AND <u>2310</u> FEET FROM THE <u>North</u> LINE, SECTION <u>9</u> TOWNSHIP <u>17S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or Wildcat Maljamar GR-SA
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <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.

TD 4504' PBTD 4498'
 Ran 140 jts of 5 1/2" O.D., J-55 14# csg. set @ 4498' with 250 sacks Incor Posmix.
 Plug down @ 4:30 PM on 5-26-69. Top of cement by survey @3200'. After WOC
 from 5-26-69 to 5-30-69 tested csg. with 1,000# for 60 minutes. Tested OK.

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

SIGNED <u>[Signature]</u>	TITLE <u>Secondary Recovery</u>	DATE <u>June 2, 1969</u>
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		