

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 33744  
30-025-33249

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
V-4884-1

**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.)

7. Lease Name or Unit Agreement Name  
  
MEDLIN STATE COM.

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
1

2. Name of Operator  
AMERIND OIL COMPANY LIMITED PARTNERSHIP

9. Pool name or Wildcat  
TOWNSEND MORROW FIELD

3. Address of Operator  
415 WEST WALL, SUITE 500 MIDLAND, TEXAS 79701-4467

4. Well Location  
Unit Letter J : 3625 Feet From The NORTH Line and 1875 Feet From The EAST Line  
Section 5 Township 16 S Range 35 E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4038' GL

11. 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 checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. 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.

Spud well at 12:00 noon MST 1/15/97.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE [Signature] TITLE GENERAL PARTNER DATE 1-23-97

TYPE OR PRINT NAME ROBERT C. LEIBROCK TELEPHONE NO. 915-682-8217

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 27 1997

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

