

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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

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

WELL API NO.

30-025-28775

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Amerind Oil Company Limited Partnership

3. Address of Operator

415 W Wall Suite 500, Midland, Texas 79701

4. Well Location

Unit Letter M : 660 Feet From The South Line and 510 Feet From The West Line

Section 21 Township 16S Range 37E NMPM Lea County

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

3800' GL, 3814' KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

6/25/92 TIH w/5½" RBP & RTTS pkr, set @ 6005'. Test to 1000 psig. Isolated csg leak @ 5884'.
Set pkr @ 5447'. Squeeze csg failure w/150 sx Cls "C" w/2% CaCl2. Good 1000 psig squeeze
6/26/92 Tagged cmt @ 5584'. Drld solid cmt to 530' w/stringers to 5836' (246' cmt). Test
5½" csg to 1000 psig. Rec. BP.
6/27/92 TIH w/prod equip (no change). Put well in service.

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

SIGNATURE James E. Yeley TITLE Agent DATE 7/9/92

TYPE OR PRINT NAME James E. Yeley TELEPHONE NO. 915/682-8217

(This space for State Use) **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 13 '92

RECEIVED
JUL 10 1992
JUL 10 1992