

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 29138

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 A : 810 Feet From The North Line and 660 Feet From The East Line  
Section 28 Township 16S Range 37E NMPM Lea County

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

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: Bradenhead Test ☒

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.

04/06/90 Pumping Tubing Pressure 40 psi  
2 7/8" x 5 1/2" Annulus Pressure 20 psi  
5 1/2" x 8 5/8" Annulus Pressure 0 psi

Test conducted by Crenshaw & Yeley and witnessed by  
N.M. Oil Conservation Division.

As reported by C-103, 3/8/85 cement was circulated to surface  
in both 13-3/8" and 8-5/8" casing strings.

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

SIGNATURE Robert C. Leibrock TITLE Partner DATE 5/29/90

TYPE OR PRINT NAME Robert C. Leibrock TELEPHONE NO. (915) 682-8217

(This space for State Use)

APPROVED BY ORIGINAL SIGNATURE TITLE DISTRICT SUPERVISOR DATE MAY 31 1990

CONDITIONS OF APPROVAL, IF ANY: