

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.

30-025-29794 29581

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 TX 79701

7. Lease Name or Unit Agreement Name

Meyers

8. Well No.

1

9. Pool name or Wildcat

West Casey - Strawn

4. Well Location

Unit Letter C : 660 Feet From The North Line and 2130 Feet From The West Line

Section 33 Township 16S Range 37E NMPM Lea County

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

3787' GL, 3801' 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: Casing Cement Squeeze ☒

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.

8/25 - 9/2/92

POOH w/rods & pump. Installed dual ram BOP. POOH w/prod tbg. TIH w/RBP to 10,082'. Test BP to 1000 psig. Perf 5-1/2" csg @ 5970'. Squeezed w 250 sx Cls "C" + 2% CaCl₂, good standing 2000 psig squeeze. Tagged cmt @ 5752'. Drld 262' cmt to 6014' w/stringers to 6024'. Tested csg to 1000 psig for 15 min. Rec RBP. TIH w/prod equipment (no change).

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 September 18, 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:

SEP 24 '92