

AMERIND OIL COMPANY, LTD.

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June 30, 1999

Oil Conservation Division
2040 South Pacheco
Santa Fe, New Mexico 87505

Attention: Mr. David Catanach

RE: Medlin No. 1 Well
S/ Lot 10, Section 5, T16S, R35E
Lea County, New Mexico

Gentlemen:

This is to return the gas well shut-in pressure report for the referenced well.

As we wrote to you in this connection last year (copy enclosed) Medlin State Com was plugged back and the well was completed as an **oil well** in the Townsend Permo Upper Penn Field. The well name was changed to Medlin No. 1 due to the fact the proration unit was decreased to 40 acres (fee lands), and no longer needed to be communitized with State lands.

Please correct your records for this report to reflect the fact that the well is not a gas well.

If you need anything further in this connection, please contact us. Thank you very much for your assistance in this matter.

Very truly yours,

AMERIND OIL COMPANY, LTD.



Mary Ann Brock

MAB/ms

Enclosures

✓ cc: Oil Conservation Division Office
Hobbs, New Mexico



NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

AMERIND
JUN 15 1999
OIL COLLTD.

MEMORANDUM

TO: OPERATORS OF GAS WELLS - SOUTHEAST NEW MEXICO

FROM: LORI WROTENBERY, DIRECTOR *LW*

SUBJECT: ANNUAL GAS WELL SHUT-IN PRESSURE TESTS, 1999

DATE: June 10, 1999

Enclosed with this memorandum are two copies of a computer prepared Form C-125 "Gas Well Shut-In Pressure Report" for well(s) which you operate in Southeast New Mexico.

Pursuant to Division Rule No. 402 (see back), shut-in pressure tests on gas wells are required to be performed annually during the months of July, August or September. Please use this listing to schedule such tests, and please submit one copy of the enclosed Form C-125 to the Santa Fe office of the Division at the following described address no later than October 15, 1999.

**OIL CONSERVATION DIVISION
2040 SOUTH PACHECO
SANTA FE, NEW MEXICO 87505**

Wells currently classified as exempt from testing need not be tested unless they should be shut-in for any other reason. Exemptions for other wells may be obtained through the appropriate Division district office.

Form C-125 must be returned even for wells exempt from testing. Failure to file Form C-125 may result in cancellation of the effected well's authorization to transport (sell) natural gas. Please do not use any reporting form other than this computer prepared form except in the case of new wells or wells not listed by the Division.

Questions concerning this memorandum or wells listed should be referred to the appropriate Division district office or to Mr. David Catanach in Santa Fe at (505) 827-8184.

Enclosure

*Madlin is
not a
gas well*

402 METHOD AND TIME OF SHUT-IN PRESSURE TESTS

402.A. Shut-in pressure tests shall be taken on all natural gas wells annually.

Such tests shall be taken by the operator of the well during the months of July, August, or September unless otherwise specified by special pool rules or special directive. Tests shall be reported as prescribed by the Division on Form C-125 not later than October 15 of the same year. [7-15-63...2-1-96]

402.B Shut-in pressures shall be taken with a dead-weight gauge after a minimum shut-in period of 24 hours. When the shut-in period exceeds 24 hours, the length of time the well was shut in shall be reported to the Division. [7-15-63...2-1-96]

402.C. The Division Director may prescribe special shut-in pressure test periods and procedures for pools when he deems the same necessary in order to obtain more accurate pressure data. [7-15-63...2-1-96]

DATE:09 JUN 99

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
2040 SOUTH PACHECO
SANTA FE, NEW MEXICO 87505

GAS WELL SHUT-IN PRESSURE REPORT
1999 YEAR / FORM C-125

AMERIND OIL CO L P

415 W WALL

MIDLAND

TX 79701

P O O L

PROPERTY/WELL STR API WELL IDN DATE PRESS RUN TIME SI HRS/MIN SI-PRESS PSIG(DWT) SI-PRESS PSIA PREV TEST DATE *** COUNTY ***

TOWNSEND;PERMO UPPER PENN

MEDLIN STATE COM

001 10 5 16S 35E 30 25 33749

LEA

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
SEE RULE 402.

SIGNATURE

TITLE

DATE