

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. 30-025-33749
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Medlin
8. Well No. 1
9. Pool name or Wildcat Townsend Permo Upper Penn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4038' GL

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Amerind Oil Company Limited Partnership
3. Address of Operator 415 West Wall, Suite 500 Midland, Texas 79701	4. Well Location Unit Letter J : 3625 Feet From The North Line and 1875 Feet From The East Line Section 5 Township 16S Range 35E NMPM Lea County

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <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.

5-16-97 Installed BOP & POOH.
5-17-97 TIH, set pkr @ 11,210' KB.
5-20-97 Fraced zone 11,262'-11,284' w/268 bbls 20% HCl & 268 bbls CO₂.
Put well in service.
7-20-97 Set 640-365-144 (CMI) pumping unit for use at later date.

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

SIGNATURE Robert C. Leibrock TITLE General Partner DATE 7/16/98
TYPE OR PRINT NAME Robert C. Leibrock TELEPHONE NO. (915) 682-8217

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 04 1998
CONDITIONS OF APPROVAL, IF ANY: