State of New Mexico

- DATE -

to Appropriate District Office	Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		WELL API NO. 30-025-33908		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240					
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	of Lease	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & G	STATE	FEE X
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.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: ORL GAS WELL K WELL	OTHER			Field	
2. Name of Operator	inited Devices the		8. Well No.	1-Y	
Amerind Oil Company Limited Partnership 3. Address of Operator			9. Pool name or Wildcat		
415 West Wall, Suite 500, Midland TX 79701-4467			South Big Dog Strawn		
4. Well Location Unit Letter Q : 62	25 Feet From The East	**4 16	50 = ===		<u>.</u> .
Our Letter :	Peet Prom IneLust	Line and	JU reat Pro	m ine	Line
Section 3	Township 16S Ra		NMPM	Lea	County
	<i>'/////X</i>	, 4013' KB			
11. Check	Appropriate Box to Indicate		eport, or Othe	r Data	
NOTICE OF INT	ENTION TO:	SUB	SEQUENT F	REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON X	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.	PLUG AND ABANDO	NMENT
PULL OR ALTER CASING	_	CASING TEST AND CE	MENT JOB		
OTHER:	П	OTHER:			
 Describe Proposed or Completed Opera work) SEE RULE 1103. 	itions (Clearly state all pertinent details, o	und give pertinent dates, inc	luding estimated dati	e of starting any proposed	1
2. Displace with 10 3. Plug No. 2 30 Plug No. 3 30 Plug No. 4 30	sx @ 4797' ng @ 2400' and recover sx @ 2450'		` t o o h		
Plug No. 7 10	sx @ surface	you show san			
 Weld on dry hole Report. 	e marker. Salvage equi	THE um:	COMMISSION	MUST BE NOTIFIED THE THE	3 C/I
(Anticipated plugging	date ASAP.)	PLAC	BOUNG OPERAT BE APPROVED.	HONS FOR THE (2403
I hereby certify that the information above is true	and complete to the best of my knowledge and be				
SIGNATURE JAMES D/C	/ Suy T	Agent Agent		DATE 08/16/	1999
TYPE OR PRINT NAME James E	Yeley		TELEPHONE NO.	915/682-8217	
(This space for State Use)				NI 6 2	6 1999
CACALONIAL CACA	IFD BY CHRIS WILLIAMS				

... me -

ORIGINAL SIGNED BY CHRIS WILLIAMS

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR