

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.
30-025-29841

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-1125

7. Lease Name or Unit Agreement Name

State "3"

8. Well No.
1

9. Pool name or Wildcat
Shipp Strawn

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 West Wall St., Suite 500, Midland TX 79701-4467

4. Well Location
Unit Letter B : 679 Feet From The North Line and 2130 Feet From The East Line

Section 3 Township 17 S Range 37 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR 3771'

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: ☐

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.

1. Set CIBP @ 11,150' *cap w/ 2500*
2. Displace csg w/10 lb brine water & 25 lb gel/bbl
3. Plug No. 2 30 sx @ 8,133'
Plug No. 3 30 sx @ 6,346'
4. Cut 5-1/2" csg @ 4,200', recover
5. Plug No. 4 60 sx @ 4,250' *TAG*
Plug No. 5 45 sx @ 2,050'
Plug No. 6 10 sx @ 30'
6. Weld on dry hole marker. Salvage equipment. Clean and level location.
7. Report

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

SIGNATURE JAMES E. YELEY TITLE James E. Yeley Agent DATE June 14, 1995

TYPE OR PRINT NAME James E. Yeley TELEPHONE NO. 915/682-8217

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

Geologist

JUN 14 1995

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL (If any)

RE FIVED

JUN 14 1985

OFFICE

200-1-101