

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-30148
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-654
7. Lease Name or Unit Agreement Name State MTS "X"
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Amerind Oil Co.	
3. Address of Operator 500 Wilco Bldg, Midland, TX 79701	
4. Well Location Unit Letter <u>I</u> : <u>1830</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>17S</u> Range <u>37E</u> NMMPM <u>Lea</u> County <u></u>	
10. Elevation (Show whether DF, RK9, RT, GR, etc.) 3746' GL	

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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: Request 2 week extension to file C-103 <input checked="" 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.

3/2/89 PBDT 11,934'. Spotted 250 gal Western A-20.2 acid @ 11,850'.
3/3/89 Perforated csg from 11,829'-11,850', 1 shot/ft.
3/4/89 Acidized with 2,000 gal A20.2 acid.
3/5 - 3/8/89 (4 days) Swabbed approx. 30 BOPD each day. Shut down.

Presently evaluating options. To resume operations first week in April, 1989.

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

SIGNATURE Robert C. Leibrock TITLE Vice President DATE March 21, 1989

TYPE OR PRINT NAME Robert C. Leibrock 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:

MAR 23 1989

RECEIVED

MAR 22 1989

OCD
HOBBS OFFICE