Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-30148

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No. V-654

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL [ ] RE-ENTER [XX] DEEPEN [ ] PLUG BACK [ ]

b. Type of Well:

OIL WELL [XX] GAS WELL [ ] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name: State MTS "X" ~~MTS State "X"~~

2. Name of Operator: Amerind Oil Co.

8. Well No. 1

3. Address of Operator: 500 Wilco Building, Midland, Texas 79701

9. Pool name or Wildcat: Shipp Strawn

4. Well Location
Unit Letter I : 1830 Feet From The South Line and 660 Feet From The East Line

Section 2 Township 17S Range 37E, NMPM Lea County

10. Proposed Depth: 11,800'

11. Formation: Strawn

12. Rotary or C.T.: Rotary

13. Elevations (Show whether DF, RT, GR, etc.): 3746' GL

14. Kind & Status Plug. Bond: Blanket

15. Drilling Contractor: Moranco

16. Approx. Date Work will start: January 30, 1989

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
7-7/8"	5-1/2"	17# & 20#	11,800' TVD	350	10,800' TVD

Re-enter Amerind Oil Co. - MTS State No. 1, at the above location, and directionally drill to bottom hole target location of 330' FEL & 2310' FSL (±50ft.). Kick off point will be ±9300'.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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 January 23, 1989

TYPE OR PRINT NAME Robert C. Leibrock TELEPHONE NO. 915/682-8217

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE JAN 26 1989

CONDITIONS OF APPROVAL, IF ANY: