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

WELL API NO. 30-025-30372

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

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

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: STATE "2"

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: AMERIND OIL CO.

8. Well No. 1

3. Address of Operator: 500 WILCO BLDG.

9. Pool name or Wildcat: SHIPP STRAWN

4. Well Location
Unit Letter F : 2020 Feet From The NORTH Line and 2130 Feet From The WEST Line
Section 2 Township 17-S Range 37-E NMPM LEA County

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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 5½" CIBP @ 11,550'. CAP WITH 35' OF CEMENT.
2. SET 100' CEMENT PLUG @ 5½" CSG. STUB @ APPROXIMATELY 9900'. 50' IN 50' OUT. TAG.
3. SET 100' CEMENT PLUG @ 8700'.
4. SET 100' CEMENT PLUG @ 6611'.
5. SET 100' CEMENT PLUG @ 4500' @ 8 5/8" CASING SHOE. 50' IN 50' OUT. TAG.
6. SET 100' CEMENT PLUG @ 2078'.
7. SET 10 SK. CEMENT PLUG @ SURFACE & INSTALL P & A MARKER.
8. LOAD HOLE WITH 10# SALT GEL.

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

SIGNATURE Raymond C Maldonado TITLE P & A SUPERVISOR, BABER DATE 2-2-90

TYPE OR PRINT NAME RAYMOND MALDONADO TELEPHONE NO. 505-393-5516

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

FEB 05 1990

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: