

## District I

1625 N. French Dr., Hobbs, NM 88240

## District II

811 South First, Artesia, NM 88210

## District III

1000 Rio Brazos Rd., Aztec, NM 87410

## District IV

2040 South Pacheco, Santa Fe, NM 87505

## OIL CONSERVATION DIVISION

2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO.

30-025-25174

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name:

Arco

8. Well No.

2Y

9. Pool name or Wildcat

Langlie Mattix (7RV-Q-GB)

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

AMERICAN INLAND RESOURCES COMPANY, LLC.

3. Address of Operator

P.O. BOX 50938; MIDLAND, TX 79710

4. Well Location

Unit Letter H : 1770 feet from the North line and 660 feet from the East line

Section

21

Township

25-S

Range

37-E

NMPM

County

Lea

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

3075.6' GR

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 ☐MULTIPLE  
COMPLETION ☐OTHER: Add additional pay in the Tansill & Yates ☒

## 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

MIRU PU, RIH w/CIBP, set at 3000'. MIRU wireline and perforate 2920-2938, 2953-2979..  
Acidize perms w/3000 gal 15% NEFE acid and frac w/37,300 gal x-linked gel + 100,00# 12/20 sand.  
RIH w/production equipment and return to producing from shut-in..

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

SIGNATURE Michael D. PrichardTITLE Operations EngineerDATE December 19, 2000Type or print name Michael D. PrichardTelephone No. (915)685-0981

(This space for State use)

APPROVED BY: \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_