Submit 3 Copies to Appropriate District Office		Energy, Minerals a	vew iviexico nd Natural Res	sources			Revised March 25, 1999	
District I		Energy, Millerale al	ila i talai ai i tot	Jouroco	WELL API NO.		TKOTISSE INSTONES, 1999	
1625 N. French Dr., Hobbs, NM 88240		OIL CONSERV	ATION DI	VISION		30-025-097	79	
District II	1220 South St. Francis Drive				5. Indicate Type of	5. Indicate Type of Lease		
811 South First, Artesia, NM 88210			NM 87505		STATE	FEE	X.	
District III					6. State Oil & Gas I	_ease No.		
1000 Rio Brazos Rd., Aztec, NM 87410								
District IV								
1220 South St. Francis Drive, Santa Fe, I		CES AND REPORTS ON	WELLS		7. Lease Name or t	Init Agreement Na	ame.	
(DO NOT USE THIS FORM FOR PE				TO A	, Loude Hame of	, inc / ig/ contone / ic		
DIFFERENT RESERVOIR. USE "AF		EXXON						
PROPOSALS.)						2,000.0		
1. Type of Well:	X	Other						
Oil Well Gas Well 2. Name of Operator					8. Well No.	·		
2. Name of Operator	AMER	RICAN INLAND RESOURCE	CES COMPAN	IY, LLC.		1		
3. Address of Operator	ddress of Operator					9. Pool name or Wildcat		
P.O. BOX 50938; MIDLAND, TX 79710					JALMAT (TANS	JALMAT (TANSIL-YATES-SEVEN RIVERS) (PRO GAS)		
4. Well Location		<u> </u>						
				4000				
Unit LetterJ	_:1980	_ feet from the <u>Sout</u>	<u>th </u>	1980	feet from the	<u>East</u>	line	
Section 21			S Range	37-E NM	<u>/IPM Cour</u>	ity Lea		
	10. Elevati	on (Show whether DR, RKB,						
	44 Cha		2' GR	of Nation Papart	or Other Data			
		ck Appropriate Box to Inc	iicate ivature	1				
NOTICE O	F INTENT	ION TO:		S	SUBSEQUENT REF	ORT OF:		
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WOR	rk 🗌	ALTERING	CASING	
			_					
TEMPORARILY ABANDON	X	CHANGE PLANS		COMMENCE DR	RILLING OPNS	PLUG ANI ABANDON		
DUIL OR ALTER CASING		MULTIPLE		CASING TEST A	ND 🗀	ABANDOI	AINICIAI	
PULL OR ALTER CASING	Ш	COMPLETION	\Box	CEMENT JOB				
OTHER:				OTHER:				
12. Describe proposed or complete						ting any proposed	work).	
SEE RULE 1103. For Multiple	Completions:	Attach wellbore diagram of p	proposea compi	etion or recompliation	1,			
SET CIBP AT 290	no TEST	TO 500#						
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REQUEST FIVE	YEAR TA							
NEQUEST TIVE	ILAN IA.							
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I hereby certify that the information	on above is to	rue and complete to the be	st of my knowl	edge and belief.				
1000	170							
SIGNATURE // where	(D, I)	wchard TITL	E Operation	ons Engineer		DATE	09/24/03	
- 1								
	D. Prichar	d			Telep	hone No.	(432)685-0981	
(This space for State use)		. , _ 1					SED on a	
APPROVED BY:	1 .) 1, 1, 1, 1/2mm	EOC DIST	RICT SLIDEDA	SOB/OFFIER ** ·	ANAGERE	or 8 2 5	
Conditions of approval, if any:	مبهمد			WOLDO! FKAL	AND SHEKAL W	MANAGER -		
COMMINIONS OF ADDITIONAL IN ALLY	Л							