Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I 1625 N. French Dr., Hobbs, NM 88240 WELL API NO. District II 30-025-01126 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88210 5. Indicate Type of Lease District III 2040 South Pacheco 1000 Rio Brazos Rd., Aztec, NM 87410 STATE X FEE Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 B - 9505SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: New Mexico -AT- State Oil Well 🔯 Gas Well Other Name of Operator 8. Well No. American Inland Resources Company, LLC. Address of Operator P.O. Box 50938; Midland, TX 79710 9. Pool name or Wildcat Saunders Permo Upper Penn Well Location 660 Unit Letter feet from the South line and 660 feet from the West line 10 Section Township 14S Range 33E **NMPM** County Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4227 DF 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 ☐ REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** ☐ CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT PULL OR ALTER CASING MULTIPLE CASING TEST AND** COMPLETION **CEMENT JOB** OTHER: OTHER: Return to Producing 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 well service unit. RIH w/bit and scraper. Clean out hole to 9932' 8-26-2000 (PBTD). RIH w/2-7/8" tbg., pump and rods. Hang well on. Return to producing from 8-27-2000 Shut-in. RDMO well service unit. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE / TITLE Operations Engineer **DATE** 9-27-2000 Type or print name Michael D. Prichard Telephone No. 915-685-0981 (This space for State use) APPPROVED BY TITLE DATE Conditions of approval, if any: