Submit 3 Copies To Appropriate District Office	State of New M		Form C-103
District I	ergy, Minerals and Natural Resources		Revised March 25 1999
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION		N DIVISION	30-025-01142
District III 2040 South Pacheco		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE X FEE
2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			543630
(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:
1. Type of Well: Oil Well ☑ Gas Well ☐ Other			NM -AN- State
2. Name of Operator			O WAILNE
American Inland Resources Company, LLC.			8. Well No.
3. Address of Operator			9. Pool name or Wildcat
P.O. Box 50938; Midland, TX 79710			Saunders Permo Upper Penn
4. Well Location			
Unit Letter A: 660 feet from the North line and 660 feet from the East line			
Section 22 Township 14-S Range 33-E NMPM County Lea			
10. Elevation (Show whether DR, RKB, RT, GR, etc.)			
4213' DF			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUB			SÉQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON 🔲 (CHÂNGE PLANS	COMMENCE DRII	LLING OPNS. PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	
OTHER:	П	OTHER: Retur	n 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.			
July 24, 2000 through August 3, 2000: MIRU well service unit. POH w/tbg. and packer. Clean out well to TD. RIH w/2-7/8" tbg. and pump and rods. Hang well on and put on production August 3, 2000. RDMO well service unit.			
	•		
	•		
*,			3
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Michael D.	Puchand TITLE	Operations Eng	<u>DATE 9-11-2000</u>
Type or print nameMichael I). Prichard		Telephone No.
(This space for State use)	<u> fearaigh Nabhall Marannan an a</u>	· · · · · · · · · · · · · · · · · · ·	
			ጋስስ ሮ
	00:	O. 1.	ACH Z ARMS
APPPROVED BY	TILE	GINAL STORTER OF A	Parameter DATE