

State of New Mexico  
Energy, Minerals and Natural Resources

**OIL CONSERVATION DIVISION**

1220 South St. Francis Drive  
Santa Fe, NM 87505

WELL API NO. 30-025-35302	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. L-110	
7. Lease Name or Unit Agreement Name: STATE 36	
8. Well No. 3	
9. Pool name or Wildcat BAUM UPPER PENN	

**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 : 1980 feet from the North line and 660 feet from the East line  
Section 36 Township 13-S Range 32-E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4292

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>	

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 recompletion.

06/07/01 RU csg. crew to run 102 jts 8-5/8", 24# csg. Set @ 4122'. RU BJ & cmt. csg. w/200 sx 'C' w/2% CaCl. Plug down @ 6:30 AM. WOC.

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

SIGNATURE Michael D. Prichard TITLE Operations Engineer DATE 06/19/01

Type or print name Michael D. Prichard Telephone No. (915)685-0981  
(This space for State use)

APPROVED BY: \_\_\_\_\_ TITLE Orig. Signed by DATE 06/19/01  
Conditions of approval, if any: \_\_\_\_\_

