

Office

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

1220 South St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

**OIL CONSERVATION DIVISION**

1220 South St. Francis Drive  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator <b>AMERICAN INLAND RESOURCES COMPANY, LLC.</b></p> <p>3. Address of Operator <b>P.O. BOX 50938; MIDLAND, TX 79710</b></p> <p>4. Well Location Unit Letter <b>H</b> : <b>1980</b> feet from the <b>North</b> line and <b>660</b> feet from the <b>East</b> line Section <b>36</b> Township <b>13-S</b> Range <b>32-E</b> NMPM County <b>Lea</b></p> <p>10. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4292</b></p>		<p>WELL API NO. <b>30-025-35302</b></p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No. <b>L-110</b></p> <p>7. Lease Name or Unit Agreement Name: <b>STATE 36</b></p> <p>8. Well No. <b>3</b></p> <p>9. Pool name or Wildcat <b>BAUM UPPER PENN</b></p>
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**11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data**

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>		<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	
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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.

05/28/01 Move in UTI rig #151, RU, spud 17-1/2" hole @ 3:30 pm (MDT) on 05/28/2001

05/29/01 Drill from 307-410. TD 17-1/2" hole @ 410' @ 7:45 am. Circ. hole 1/4 hr. RU csg. crew and run 10 jts 13-3/8" 54.5#, csg. RD csg. crew, RU BJ & cmt. w/420 sx 'C' w/4% gel, 2% CaCl2. Plug Down at 1:00 pm. Circ. 97 sx. to pit. 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 05/29/01

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

APPROVED BY: \_\_\_\_\_ TITLE by DATE \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

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