

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

Revised March 25, 1999

WELL API NO. 30-025-35297	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. B-9385	
7. Lease Name or Unit Agreement Name: NEW MEXICO -AN- STATE	
8. Well No. 19	
9. Pool name or Wildcat JALMAT (TANSIL-YATES-SEVEN RIVERS)	

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 F : 1980 feet from the North line and 1980 feet from the West line
Section 22 Township 14-S Range 33-E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4203' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒

OTHER: ☐

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.

4/09/01 TD 12-1/4" hole @ 4150'. Circ. hole. RU csg. crew and run 100 jts. 8-5/8", 32#, J-55 csg.
Set @ 4150'. RD csg. crew. RU cementers and cmt w/1000 sx 35/65 Poz C + 6% gel + 5%
salt + .25 CF. Tail w/200 sx 'C' + 1% CaCl2. Did not circ. Bumped plug @ 12:53 AM
(MDT). RD cementers & 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 04/11/01

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

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of approval, if any:

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