

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

OIL CONSERVATION DIVISION

1220 South St. Francis Drive
Santa Fe, NM 87505

WELL API NO.	30-025-35298
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-9505
7. Lease Name or Unit Agreement Name:	NEW MEXICO -AT- STATE
8. Well No.	26
9. Pool name or Wildcat	SAUNDERS PERMO 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 N : 560 feet from the South line and 1880 feet from the West line
Section 15 Township 14-S Range 33-E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4208' GR

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

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

09/24/01 MIRU acidizers. Pumped 1 bbl KCl down backside. Test pkr. to 3000#, OK. Release pressure and drop standing valve & spot valve. Valve opened at 2100 psi & closed @ 230 psi. Treated perms as follows:

		Top	Bottom	Acid	Perfs		Treating
Set	perfs	Packer	Packer	gals	Broke, psi	Rate, bpm	Press, psi
1st	9897-9910	9892	9914	630	3662	1.3	4420
2nd	9870-9874	9861	9883	630	3700	2.0	1650
3rd	9831-	9823	9845	105	1387	2.0	1400
4th	9808-9815	9801	9823	420	1560	2.0	1450
5th	9776-9782	9770	9792	588	3900	2.0	1297
6th	9764-9748	9745	9767	588	1700	2.0	1118
7th	9704-9723	9702	9724	210	1700	2.0	1500
8th	9654-9663	9647	9669	210	1618	2.0	0

Load to recover = 1190 bbls. Swabbed back 40 bbls. Load to recover = 1150 bbls. Retrieved spot valve. Total acid = 3381 gal. SDFN.

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 09/26/01
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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