

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

**OIL CONSERVATION DIVISION**

1220 South St. Francis Drive  
Santa Fe, NM 87505

WELL API NO.

30-025-35298

5. Indicate Type of Lease

STATE ☒

FEE ☐

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

**SUNDARY 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:**

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.

05/24/01 TD HOLE @ 10100 @ 4:30 AM 5/24/01. CIRC HOLE. <sup>5 1/2</sup>

05/25/01 POH W/DC'S & DRILL PIPE. RU CSG. CREW & RUN 268 JTS, 17#, N-80/J-55 CSG.

SET CSG. @ 10100. RU BJ & CMT.W/800 SX POZ H LEAD + 500 SX POZ C TAIL. 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

DATE

Conditions of approval, if any: