

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

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
4. Well Location Unit Letter <u>N</u> : <u>560</u> feet from the <u>South</u> line and <u>1880</u> feet from the <u>West</u> line Section <u>15</u> Township <u>14-S</u> Range <u>33-E</u> NMPM County <u>Lea</u>	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	4208' GR

SUNDY 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

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 checked="" type="checkbox"/>	
OTHER: <input 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.

05/05/01 RIH w/55 jts. 8-5/8", 32#, 32 jts. 24# & 8 jts 32#, J-55 csg. (Total of 95 jts). Set at 4111'.
RD csg. crew & RU BJ to cmt. Cement w/1275 sx 35/65 Poz 'C' + 6% gel + 5% salt + .25
CF. Tail w/200 sx Class 'C' + 1% CaCl2. Circ. 705 sx to pit. Cut off csg. Installed head.
Tested WH to 900 psi for 15 min. NU BOP & flowlines. Closed BOP blind rams & tested to
1250 psi for 15 min. Held OK. 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 05/08/01
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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