Office		Energy, Minerals a	and Natural Res	sources			Form C-1	
District I					WELL API NO.		Revised March 25, 19	
1625 N. French Dr., Hobbs, NM 88240	0	IL CONSERV	'ATION DI	VISION		30-025-3530	00	
District II		1220 South 8		rive	5. Indicate Type of Lea	se		
811 South First, Artesia, NM 88210  District III		Santa Fe	, NM 87505		STATE X	FEE	<u> </u>	
1000 Rio Brazos Rd., Aztec, NM 87410	)				6. State Oil & Gas Leas			
<u>District IV</u>						K-4807		
1220 South St. Francis Dr., Santa Fe, I	NM 87505 SUNDRY NOTICES A	AND PEDODIS ON	MELLS		7 1 222 Nove 2015	<u> </u>		
(DO NOT USE THIS FORM FOR				TO A	7. Lease Name or Unit	Agreement Nan	ne:	
DIFFERENT RESERVOIR. USE "/	APPLICATION FOR PI	ERMIT" (FORM C-10°	1) FOR SUCH		STA	TE 31		
PROPOSALS.)  1. Type of Well:				,				
Oil Well X Gas Well	<u> </u>	Other						
2. Name of Operator	AMERICAN	INLAND RESOUR	CES COMPAN	Y, LLC.	8. Well No.	5		
3. Address of Operator	ess of Operator P.O. BOX 50938; MIDLAND, TX 79710					9. Pool name or Wildcat		
4. Well Location					I BAU	M UPPER P	'ENN	
Unit Letter M	:660fee	t from the Sout	th_ line and	660	feet from the	West li	ine	
Section 3		nship 13-S	Range	33-E NMPM	County	Lea		
	10. Elevation (She	ow whether DR, RKB,	, , ,					
	11 Chack Any		35 GR	of Notice, Report or Ot	tor Deta			
NOTICE (	OF INTENTION T		acate Nature	1		T 05		
				l .	SEQUENT REPOR			
PERFORM REMEDIAL WORK	∐ PLU	G AND ABANDON		REMEDIAL WORK	Ш	ALTERING (	CASING	
TEMPORARILY ABANDON	CHA	NGE PLANS		COMMENCE DRILLIN	GOPNS.	PLUG AND ABANDONM	AENT	
PULL OR ALTER CASING		TIPLE MPLETION		CASING TEST AND CEMENT JOB		ABANDON	ILM	
OTHER: REQUEST T&A STA	ATI IS		X	OTHER:				
12. Describe proposed or complete		state all pertinent deta			timated date of starting a	nv proposed w	ork).	
SEE RULE 1103. For Multiple	e Completions: Attach	wellbore diagram of p	roposed comple	tion or recompilation.	-		•	
WELL COMPLE	TED AS A DDV L	IOLE LOGS IND	NOATE DOT	ENTIAL NOT ORIGI	INTAL LAZ			
				LLY EVALUATE PO				
1112/02	F. Mich	INEL POL	<b>411</b>	TNA HI	M HF			
SPOKE	10 Mich	IMEL I RI	CHARI	your in	// //L			
HAN 30	DA48	TO T	A 7 1	TOLD HIS HIS WELL	_ <b>^</b>	مدير فيميرين		
ILLTER 2			$\mathcal{C}$	<b>WW</b>			18 702	
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I hereby certify that the information	on above is true and	complete to the best	t of my knowled	ge and belief.	<del></del>			
Michael	7 Pil							
SIGNATURE ///WWW	D. Marie	MA TITLE	Operation	ns Engineer		DATE	10/30/02	
Type or print name Michael (This space for State use)	D. Prichard				Telephone	No. (9	915)685-0981	
,			e a a sena julia a man	~ ~\		VOV	- 5 2002	
APPROVED BY: Conditions of approval, if any:			IA <u>L SIGN</u> EI	) RA		DATE _		
Samuello of approval, it ally.		GARY V O'C FIEI	W. WINK LD REPRESI	ENTATIVE II/STAF	F MANAGER		<b>h</b>	