

Form 100-100  
November 1984  
Formerly 100-100

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

Lease No. 14213  
Expires August 31, 1988  
5. LEASE DESIGNATION AND SERIAL NO.

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—" for such proposals.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
American Exploration Company

3. ADDRESS OF OPERATOR  
4500 RepublicBank Center, Houston, Texas 77002

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
  
Unit F, 1650' from the North and 1650' from the West  
Line of Section 9, T25S, R37E, Lea County, New Mexico

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

NM 14213 (Federal Lease)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Langlie Mattix 7 Riv. Queen

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Langlie Mattix 7 Riv. Queen

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
9, T25S, R37E

12. COUNTY OR PARISH 13. STATE  
Lea New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	Recomplete		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Recomplete the Langlie Federal Well No. 1 to the Yates Sand in the Langlie Mattix Area.  
Presently completed in the Queen Formation

18. I hereby certify that the foregoing is true and correct

SIGNED

*Roy Quiroga*  
Roy Quiroga

TITLE Production Administrator

DATE 5/13/87

(This space for Federal or State office use)

Orig. Sgd. Linda S. C. Kordell

APPROVED BY

Acting Area Manager

TITLE

DATE

5/27/87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side