District I State of New Mexico Form C-103 1625 N. French Dr., Hobbs, NM 88240 Pennit 37309 Energy, Minerals and Natural Resources Phone:(505) 393-6161 Fax:(505) 393-0720 WELL API NUMBER Oil Conservation Division 1301 W. Grand Ave., Artesia, NM 88210 30-015-02247 Phone:(505) 748-1283 Fax:(505) 748-9720 1220 S. St Francis Dr. Santa Fe, NM 87505 Indicate Type of Lease 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 S District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 6. State Oil & Gas Lease No. Phone:(505) 476-3470 Fax:(505) 476-3462 SUNDRY NOTICES AND REPORTS ON WELLS Lease Name or Unit Agreement Name EAST MILLMAN UNIT (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number PROPOSALS.) 145 1. Type of Well:[2. Name of Operator 9. OGRID Number AMERISTATE EXPLORATION, L.L.C. 158898 10. Pool name or Wildcat Address of Operator 401 CONGRESS AVE., STE. 2900, AUSTIN, TX 78701 See Area 13 4. Well Location Unit Letter 660 feet from the feet from the line and NMPM Eddy Range 11. Elevation (Show whether DR, KB, BT, GR, etc.) Pit or Below-grade Tank Application or Closure ____ Distance from nearest fresh water well____ Pit. Type ______ Depth to Groundwater___ ___ Distance from nearest surface water_ Pit Liner Thickness: Below-Grade Tank: Volume____ _ bbls; Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ALTER CASING TEMPORARILY ABANDON CHANGE OF PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDON PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB Other: Other: Perforations/Tubing X 13. 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. Form C-103 (attached) filed for work operations to bring the East Millman Unit#145 into compliance with Agreed Compliance Order to Resolve NOV 2-06-11. Test was witnessed and original chart provided to Gerry Guye on 9-1-06. See Attached Perforations Pool: MILLMAN; YATES-SR-QN-GB-SA, EAST, 46555 Location: M-14-19S-28E 660 S 660 W TOP BOT Open Hole Shots/ft Shot Size Material Stimulation Tubing

closed according to NMO	CD guidelines , a general permit or an (attached) al	ternative OCD-approved plan .	
ctronically Signed	TITLE President	DATE 9/6/2006	
Mark Nearburg	E-mail address maryd@ameristate.net	Telephone No. 512-391-0300	
250 020			
Bryan Arrant	TITLE Geologist	DATE 9/11/2006 3:09:02 PM	
	closed according to NMO ctronically Signed Mark Nearburg	E-mail address maryd@ameristate.net	

Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-02247	X.	
District III	1220 South St. Fi		5. Indicate Type of STATE X		
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM	87505	6. State Oil & Gas		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			7. Lease Name or Unit Agreement Name E Millman Unit		
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well TOther ZNJE	erion	8. Well Number #145		
2. Name of Operator			9. OGRID Number		
Ameristate Exploration, LLC 3. Address of Operator			158898 10. Pool name or Wildcat		
401 Congress , Suite 2900 Austin, TX 78701			Artesia Queen G		
4. Well Location			<u> </u>		
Unit Letter_C_:			660feet from t	he W_line	
Section 14	Township 198		NMPM	County Eddy	
	11. Elevation (Show whether D 3443 GR	PR, RKB, RT, GR, etc.)			
Pit or Below-grade Tank Application []			Tester-stocklesso		
Pit typeDepth to Groundw		i water well Dist	ance from nearest surface	: water	
Pit Liner Thickness: mil			nstruction Material		
12. Check	Appropriate Box to Indicate	Nature of Notice,	Report or Other D	ata	
NOTICE OF IN	ITENTION TO:	SUB	SEQUENT REP	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		LTERING CASING X	
TEMPORARILY ABANDON DULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL	COMMENCE DRII		AND A	
FOLL OR ALTER CASING []	MULTIPLE COMPL	CASING/CEMENT	JOB []		
OTHER:	lated approximate (Clearly 144)	OTHER:			
of starting any proposed we or recompletion.	leted operations. (Clearly state al ork). SEE RULE 1103. For Multi	pertinent details, and ple Completions: Att	i give pertinent dates, ach wellbore diagram	of proposed completion	
Operation to bring E Mill	man Unit #145 into compliance.	Work commenced	7/13/06 and was com	nleted 8/28/06.	
Operation to bring E Millman Unit #145 into compliance. Work commenced 7/13/06 and was completed 8/28/06. Pulled out of hole with packer and 2-3/8" tubing. Ran back in hole with retrievable bridge plug and packer. Tested casing from					
1670 ft to surface. Isolated bad casing between 340 ft and surface. Rigged up wireline and ran collar log. Ran in hole with					
string shot and shot collar at 350 ft. Backed out 4 1/2", 11.6 ppf casing at 350 ft. POOH and laid down bad casing. Picked up new 4-1/2", 11.6 ppf casing. Ran in hole and screwed into collar at 350 ft. Torqued connections to 2500 psi. Installed new					
wellhead at surface. Picked up retrievable bridge plug. Ran in hole and set at 420 ft. Loaded hole. Would not pressure up.					
POOH to 348 ft and loaded hole. Slow leak between 350 and 390 ft (suspect easing damaged by back off). Picked up and installed 3" x 75' casing scab liner to isolate easing from 334 to 409'. Ran in hole with AD-1 packer on new 2-3/8" tubing and					
set packer at 1670'. ND B	DP. NU wellhead. Loaded casing	1 to 409°. Kan in hold 2 with 5 bbls and pres	swiin AD-1 packer o sure tested to 500 psi.	n new 2-3/8" lubing and	
Set up test with OCD for 9/	1/06 at 1 PM. Test witnessed by 0	·			
psi for 35 min. Test good.					
hereby certify that the information	on above is true and complete to the	ne best of my knowled	lge and belief. I furthe	er certify that any pit or	
below-grade tank has been/will be construe plan	ted or closed according to NMOCD guid	lelines 🔲, a general perm	it 🗌 or an (attached) alte	ernative OCD-approved	
SIGNATURE Busan	Perkins TITLE	Cegulatory C	Coordinator D	ATE 9-6-06	
Type or print name	E-mail a			shone No.	
For State Use Only					
APPROVED BY: Conditions of Approval (if any):	TITLE		D	ATE	
Conditions of Approval (if any):		A 1			