

Submit 3 Copies To Appropriate District Office  
District I  
 1625 N. French Dr., Hobbs, NM 88240  
District II  
 1301 W. Grand Ave., Artesia, NM 88210  
District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 May 27, 2004

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

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" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator Ameristate Exploration, LLC 3. Address of Operator 111 Congress Ave., Suite 2700, Austin, TX 78701 4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>950</u> feet from the <u>West</u> line Section <u>13</u> Township <u>16-S</u> Range <u>26-E</u> NMPM <u>Eddy</u> County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3387 GL</u> Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		WELL API NO. <u>30-015-34027</u> 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. <u>V05751-1</u> 7. Lease Name or Unit Agreement Name <u>Midnight 13 State Com</u> 8. Well Number <u>1</u> 9. OGRID Number <u>158898</u> 10. Pool name or Wildcat <u>Pecos River; Morrow 97375</u>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input checked="" type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

Amend proposed Int casing depth from 1400' to 1200' Estimated spud date is approx ten days from date of this form.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Susan Perkins TITLE Regulatory Coordinator DATE 5-4-06

Type or print name Susan Perkins

E-mail address: S.perkins@mdtrn.com Telephone No. 512.391.0300

For State Use Only

**BRYAN G. ARRAnt**

**MAY 04 2006**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Conditions of Approval (if any): \_\_\_\_\_