

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



WELL API NO.	30-015-34027
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. VO5751-1	
7. Lease Name or Unit Agreement Name Midnight "13" State	
8. Well Number 001	
9. OGRID Number 158898	
10. Pool name or Wildcat Wildcat - San Andres	

4. Well Location Unit Letter <u>D</u> : 660 feet from the <u>North</u> line and <u>950</u> feet from the <u>West</u> line Section <u>13</u> Township <u>16S</u> Range <u>26E</u> NMPM County <u>Eddy</u>	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3387' GR
--	--

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 _____

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator
Ameristate Exploration, L.L.C.

APR - 4 2006

OCD-ARTESIA

3. Address of Operator 401 Congress: Suite 2900
Austin, Texas 78701

4. Well Location

Unit Letter D : 660 feet from the North line and 950 feet from the West line
Section 13 Township 16S Range 26E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3387' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

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 _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: Plug Back, perforate & stimulate ☒

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.

01-06-07: MIRU, displace hole w/10# plug mud and LD 2 3/8" tubing. Set 4 1/2" CIBP @ 7,735' and cap w/35' of cement. Set 4 1/2" CIBP @ depth of 5,790'; cap w/35' of cement. Cut off 4 1/2" production casing @ depth of 5,735', displace hole w/10# plug mud and lay down 4 1/2" production casing.

01-08-07: Set 7" CIBP @ 1,700'. TIH w/tubing and displace hole w/2% KCL water; POOH w/tubing. Perforate the San Andres formation in the following intervals: 1,473' - 1,519' and 1,388' - 1,397'; all with 2 spf.

01-09-07: TIH w/packer and acidize SA perfs w/2,130 gallons of 15% NEFE acid + 80 ball sealers. Put well on pump.

02-03-07: Acidize SA perfs 1,388' - 1,519' w/15,000 gallons of 20% NEFE acid + 65 ball sealers. Put well on pump.

02-20-07: Frac SA perfs 1,388' - 1,519' w/60,000 gallons of gelled 2% KCL water + 87,920# of 12-20 Brady sand. Put well on pump and evaluate same.

08-31-07: Well making all water, no show of oil or gas from SA perfs. Shut well down pending further evaluation.

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 Bill Pierce TITLE Consulting Engineer DATE 04/01/2008

Type or print name Bill Pierce

E-mail address: bill@dpps.us

Telephone No. (432)570-6009

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Accepted for record - NMOCD