

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-25896
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-7824
7. Lease Name or Unit Agreement Name LEA ED STATE (NCT-A)
8. Well Number 2
9. OGRID Number 785
10. Pool name or Wildcat QUAIL RIDGE MORROW
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3770' GR

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
AMTEX ENERGY, INC.

3. Address of Operator
P.O. BOX 3418, MIDLAND, TX 79702

4. Well Location
 Unit Letter K : 1980 feet from the S line and 1980 feet from the W line
 Section 16 Township 19S Range 34E NMPM LEA County

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 type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: Repair Casing Leak for Future Recompletion to the Bone Spring Formation <input checked="" 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- RU x POH x LD Tubing x PU 2.875" Work String x RIH w/ 5" CIBP x set CIBP @ 12,900' x Cap w/ 35' of Cmt. Note: the 5" Casing Liner Top is at 10,205' and the 3.5" Liner Top inside the 5" Casing Liner is @ 12,978'.
- RIH w/5" Packer x Set in Top of 5" CSG Liner x Pressure test 5" Casing to 3000 psi Surface Pressure x held good for 20 minutes x bleed-off x POH.
- RIH w/ 7.625" Packer to Test the 7.625" Casing x found holes from 4,356' to 4,663' x RU x Pump 900 sx Class C Cement w/ 1% Cacl to Squeeze and Repair CSG x RD.
- After WOC for 3 weeks for Cmt. To Harden, RU x RIH w/ 6.75" Bit x Drill out Cmt. From 3,968' to 4,680' x fell thru x Run 2 jts. X Circ. Clean x RD.
- RU Pump Truck x load 7.625" Casing w/ 20 Bbls. Fresh Water x Pressure Test to 500 psi x Held Good.

Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE William J. Savage TITLE President DATE 08/18/2015
 Type or print name William J. Savage E-mail address: bsavage@amtenergy.com PHONE: (432) 686-0847
For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 09/16/15
 Conditions of Approval (if any):

SEP 18 2015