

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. <u>3002535175</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>Angel 13 State</u>
8. Well Number <u>#2</u>
9. OGRID Number
10. Pool name or Wildcat

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 LLC

3. Address of Operator
111 Congress Ave, Ste 2700 Austin, TX 78701

4. Well Location
Unit Letter 13 : 2310 FNL feet from the 2310 FNL line and 2310 FEL feet from the LEA line
Section _____ Township _____ Range _____ NMPM _____ County _____

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

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

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.

Rising Star Service - came to job on 2/24/06 To bull head squeeze surface csg. pump 300 sack 2% CEMENT AT 1300 PSI shut dwn wash up hopper & clean lines, Tie back onto surface & displace with 62 BBL, Fresh H2O, left shut in with 1100 PSI thru wkrd. - blow dwn on Monday, start work on production side, on Thurs. Hooked on MAS service with chart recorder & ran M.I.T. Test from 9:45 AM to 10:45 AM shut dwn bled off, unhook truck, note surface took 1/2 bbl fresh water to load & pressure up to 340

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 Brian J. Lavin TITLE Field Supt. DATE _____

Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: Larry W. Wink

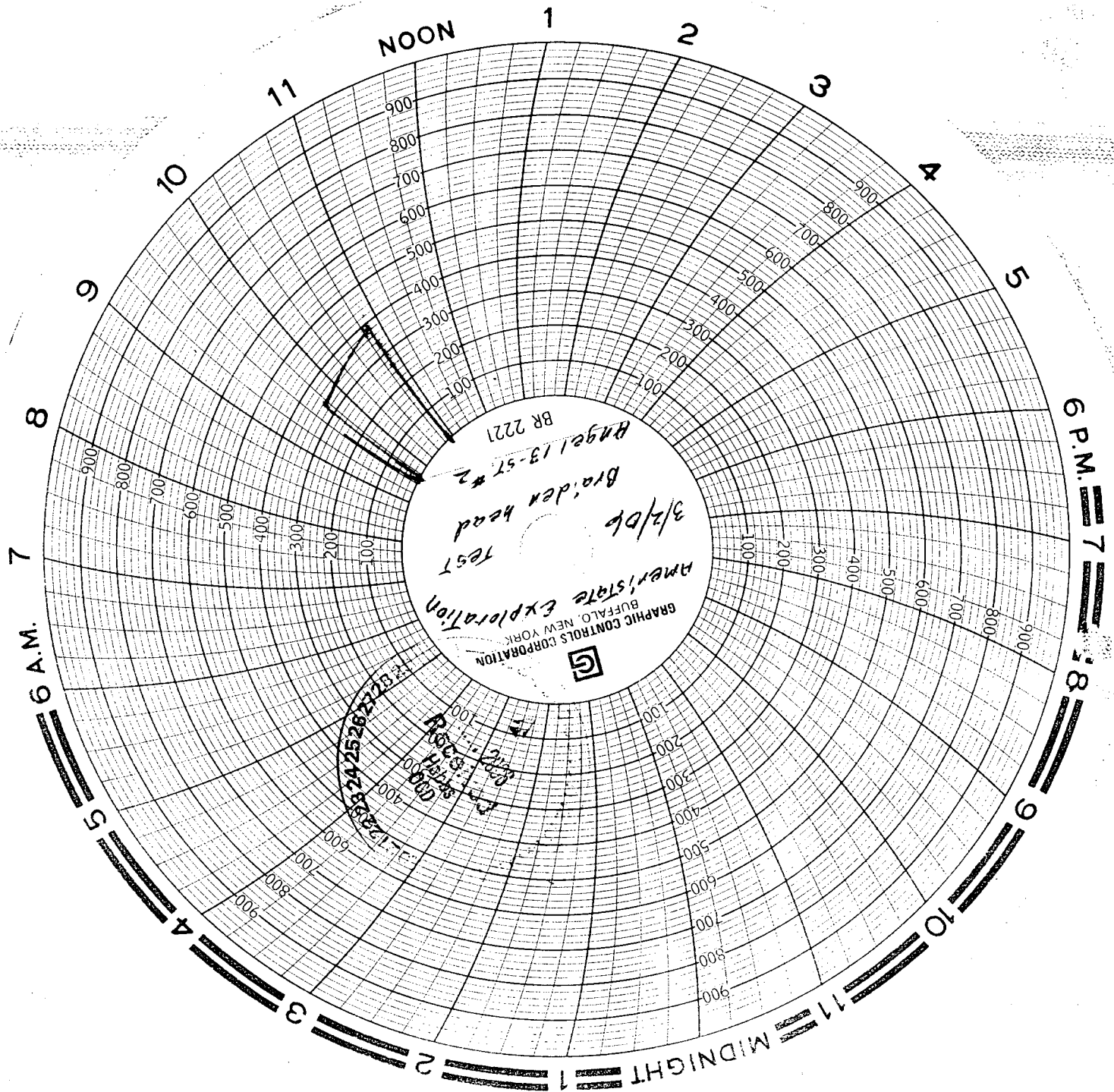
FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE

DATE

Conditions of Approval (if any):

MAY 09 2006



Hand S. Service
Mike J. Brown

60 Min - 1000 48
Recorder

Am. Stat. Rep.
Francis
Baker