

Submit To <span style="background-color: black; color: black;">[REDACTED]</span> State District Office State Lease - 6 copies Fee Lease - 5 copies <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<b>Form C-105</b> Revised June 10, 2003  WELL API NO. 30-015-27300  5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>  State Oil & Gas Lease No.
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>		
1a. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>  b. Type of Completion: NEW <input type="checkbox"/> WORK <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input type="checkbox"/> DIFF. <input type="checkbox"/> WELL OVER BACK RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Lease Name or Unit Agreement Name  East Millman Unit
2. Name of Operator Ameristate Exploration LLC		8. Well No. 194
3. Address of Operator 401 Congress Avenue, Suite 2900, Austin, TX 78701		9. Pool name or Wildcat Millman, YT-7R-QN-GB, East
4. Well Location  Unit Letter <u>  K  </u> : <u>  1330  </u> Feet From The <u>  W  </u> Line and <u>  1382  </u> Feet From The <u>  S  </u> Line  Section <u>  14  </u> Township <u>  19-S  </u> Range <u>  28-E  </u> NMPM <u>  Eddy  </u> County		
10. Date Spudded See original	11. Date T.D. Reached completion	12. Date Compl. (Ready to Prod.)
13. Elevations (DF& RKB, RT, GR, etc.)		14. Elev. Casinghead
15. Total Depth	16. Plug Back T.D.	17. If Multiple Compl. How Many Zones?
18. Intervals Drilled By		19. Producing Interval(s), of this completion - Top, Bottom, Name 2372-2555
20. Was Directional Survey Made		21. Type Electric and Other Logs Run
22. Was Well Cored		23. <b>CASING RECORD (Report all strings set in well)</b>
CASING SIZE	WEIGHT LB./FT.	DEPTH SET
See original		
completion		
24. <b>LINER RECORD</b>		25. <b>TUBING RECORD</b>
SIZE	TOP	BOTTOM
26. Perforation record (interval, size, and number)		27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.
2372-2340		DEPTH INTERVAL
2438-2480		AMOUNT AND KIND MATERIAL USED
2527-2555		2372-2555
		Acidized w/59 bbls 15% HCl, flush w/ FW
28. <b>PRODUCTION</b>		
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)
6-11-05		Pumping 2" x 1 1/2" x 12' pump
Well Status (Prod. or Shut-in)		Producing
Date of Test	Hours Tested	Choke Size
6-14-06	24 hrs	
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate
	64	
Oil - Bbl	Gas - MCF	Water - Bbl.
2	3	50
Gas - Oil Ratio	Oil Gravity - API - (Corr.)	
1500	37.4	
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold		Test Witnessed By Danny White
30. List Attachments		
31. I hereby certify that the information shown on both sides of this form as true and complete to the best of my knowledge and belief Printed Signature <u>Susan Perkins</u> Name Susan Perkins Title Regulatory Coordinator Date 10-4-06 E-mail Address s.perkins@mdtrn.com		