Submit 3 Copies To Appropriate District Office	State of New Me		SEP 2 9 2009	Form C-103 June 19, 2008
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		WELL API NO.	June 19, 2008
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 District III			30-015-05613  5. Indicate Type of Leas	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE 6. State Oil & Gas Lease	FEE 🛛
1220 S. St. Francis Dr., Santa Fe, NM 87505		o. State on te das Beast	110.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			EAST SHUGART UNIT	
1. Type of Well: Oil Well Gas Well Other Injection Well			8. Well Number 1	
2. Name of Operator  AMERICO ENERGY RESOURCES, LLC			9. OGRID Number 228051	
3. Address of Operator			10. Pool name or Wildca	nt
7575 San Felipe, Suite 200, Houston, Tx. 77063  4. Well Location			Shugart (Y-SR-QN-GB)	
Unit Letter P :	230feet from theSou	th line and	330feet from the	Eastline
Section 27 Township 18 South Range 31 East NMPM Eddy County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3638				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐				
<del></del>	ORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMMENCE DRI			A $\square$
PULL OR ALTER CASING   I	MULTIPLE COMPL	CASING/CEMENT	L JOB 🔲	
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OTHER:  13. Describe proposed or complete	ed operations. (Clearly state all )	OTHER: pertinent details, and	d give pertinent dates, inclu	iding estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
or recompletion.  1. MIRU WOR, R/U slick line, set plug in				
<ol> <li>Profile nipple @ 3249', Pressure up &amp; seat plug</li> <li>Attempt to test Tbing-release on/off, n/u BOP, POH w/injection Tbing. Repair on/off tool</li> </ol>				
4. RIH w/on/off tool, injection thing testing to 5000 psi. N/D BOP N/U wellhead.				
<ul><li>5. Circ Pkr fluid. N/D wellhead. Latch on to Pkr pressure test tbing &amp; on/off tool to 2000 psi.</li><li>6. Pressure Test Cssg to 550psi. R/U slick line trk, fish plug from Pkr.</li></ul>				
7. RDWOR 8. Return well to injection.				
(Will call OCD for MIT – before return	ing to injection)			
Spud Date:	Rig Release Da	ite:		
L				
I hereby certify that the information about	ove is true and complete to the be	est of my knowledge	e and belief.	
Pl. K	2 A			
SIGNATURE	TITLE	Regulatory Analyst	DATE9/16/200	09
Type or print nameEhsan BayatE-mail address:ehsan.bayat@americoenergy.com PHONE:713-984-9700_				
APPROVED BY: State Use Only  APPROVED BY: Dest. II Supervisor DATE Sept 29-2009				
APPROVED BY: /// Conditions of Approval (if any):	<u>LO</u> TITLE <u>LOS</u>	t. Il Juf	EUU/507 DATE	pt 29-2007