Submit 1 Copy To Appropriate District	State of New Mexico			Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources			Revised August 1, 2011
1625 N. French Dr , Hobbs, NM 88240	NM 88240		WELL API NO. 30-015-05699	
District II – (575) 748-1283	OIL CONSERVATION DIVISION			
811 S First St , Artesia, NM 88210 <u>District III</u> – (505) 334-6178	00210		5. Indicate Type	
1000 Rio Brazos Rd , Aztec, NM 87410	a NIM 97410		STATE FEE	
<u>District IV</u> – (505) 476-3460	- (505) 476-3460 Santa Fe, NM 8/505		6. State Oil & Gas Lease No.	
1220 S. St Francis Dr, Santa Fe, NM				
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			7. Lease Name or Unit Agreement Name East Shugart Unit	
PROPOSALS.)			9 W.H.V 22	
1. Type of Well: Oil Well Gas Well X Other			8. Well Number # 23	
2. Name of Operator			9. OGRID Number	
Americo Energy Resources, LLC.				
3. Address of Operator			10. Pool name or Wildcat	
7575 San Felipe STE 200 Houston TX 77063				
4. Well Location				
	C C d POT I	1 22201 6 4 6	d ppr 11	
Unit Letter: B : 330'		ne and 2329' feet from		
Section 35	<u></u>		31E NMPM	County EDDY
	11. Elevation (Show whether	DR, RKB, RT, GR, etc	:.)	
	KB 3635'		ANY MAIL	
12 Check A	appropriate Box to Indicat	a Natura of Notice	Papart or Other	Doto
12. Check A	ppropriate box to indicat	c mature of motice,	, Report of Other	Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
				-
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN			11 JOB □	
DOWNHOLE COMMINGLE				
OTHER.		OTUED		
OTHER:		OTHER:	1	
13. Describe proposed or compl				
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion.				
Move in equipment on 4/22/2012. Ri				
near well bore. Then treat the current set of perforations with 1500 gallons of 15% NEFE acid. Leave well shut in for 24 hours. Return				
well to active injection after clean up and treatment.				
				DEOENVED
				RECEIVED
				155 00 0040
				APR 20 2012
Spud Date:	Rig Releas	e Date:		
<u> </u>				—∥NMOCD ARTES!A
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I hereby certify that the information a	hove is true and complete to the	ne hest of my knowled	ge and balief	
Thereby certify that the mation a	is true and complete to the	ic ocst of my knowled;	ge and bener.	
)			
SIGNATURE)	TITLE: O	nauationa Managan	D.4	TE 4/19/2012
SIGNATURE	ITTLE: O	perations Manager	DA	TE 4/18/2012
There are resident assessed to the state of	alamahant 10	DILONE #15	004.0500	
Type or print name: E-mail address: glenn.bertrand@americoenergy.com PHONE: 713-984-9700				
For State Use Only				
ADDROVED DV () V) Y		- Home	1417	04/24/20
APPROVED BY:	TITLE TITLE	or grayen	ルカ C DA	TE 04/29/2012
Conditions of Approval (if any):		V		1 6