

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

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

Form C-103
Revised August 1, 2011

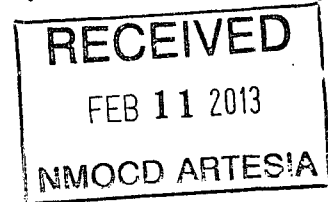
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-05685
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator AMERICO ENERGY RESOURCES, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 7575 SAN FELIPE, SUITE 200, HOUSTON, TX 77063		7. Lease Name or Unit Agreement Name EAST SHUGART UNIT
4. Well Location Unit Letter _____ N _____ 300 _____ feet from the _____ SOUTH _____ line and _____ 2310 _____ feet from the _____ WEST _____ line Section 34 Township 18 SOUTH Range 31 EAST NMPM EDDY County		8. Well Number 29
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 228051
		10. Pool name or Wildcat SHUGART (Y-SR-QN-GB)

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"/> 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 type="checkbox"/> OTHER: <input 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.

WELL IS STILL IN "EXPIRED TA STATUS" AND OUT OF COMPLIANCE. PLEASE STATE WHEN WELL WAS RETURNED TO INJECTION.



Spud Date: 10-9-09

Rig Release Date: 10-13-09

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

SIGNATURE <u>Kim Laney</u>	TITLE <u>REGULATORY ANALYST</u> DATE <u>2/4/13</u>
Type or print name <u>Kim Laney</u>	E-mail address: <u>Kim.laney@americoenergy.com</u> PHONE <u>(713) 984-9700</u>
For State Use Only	
APPROVED BY: <u>Richard Inae</u>	TITLE <u>COMPLIANCE OFFICER</u> DATE <u>2/14/13</u>
Conditions of Approval (if any):	

