

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

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-015-05685
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 EAST SHUGART UNIT
8. Well Number 29
10. Pool name or Wildcat SHUGART (Y-SR-QN-GB)

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
AMERICO ENERGY RESOURCES, LLC

3. Address of Operator
7575 SAN FELIPE, SUITE 200, HOUSTON, TX 77063

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

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
KB (CTF) 3410'

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"/> CLOSED-LOOP SYSTEM <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.

Casing leak found at 2301 feet. Set Retrievable bridge plug @ 2394 feet with 20 feet sand on it. RIH with PKR on TBG and set PKR @ 2222 feet. Test PKR- Good Test, Squeezed casing hole with CMT leaving TOC @ 2245 feet. W.O.C.
Drill out CMT in CSG down to and wash sand from above RBP. Test casing squeeze with 500 psi- Good Test.
Remove RBP. TIH with 4-1/2" AS1X PKR and set PKR, Test MIT on redressed PKR- Good Test.
RD/MO work over rig.
Call in for MIT before returning to injection.

MIT TEST IS NO GOOD
LOST 100 PSI IN 30 MINUTES
INJECTION MAY NOT BEGIN
RI - NMOC 11/22/13

RECEIVED
NOV 14 2013
NMOC ARTESIA

DENIED

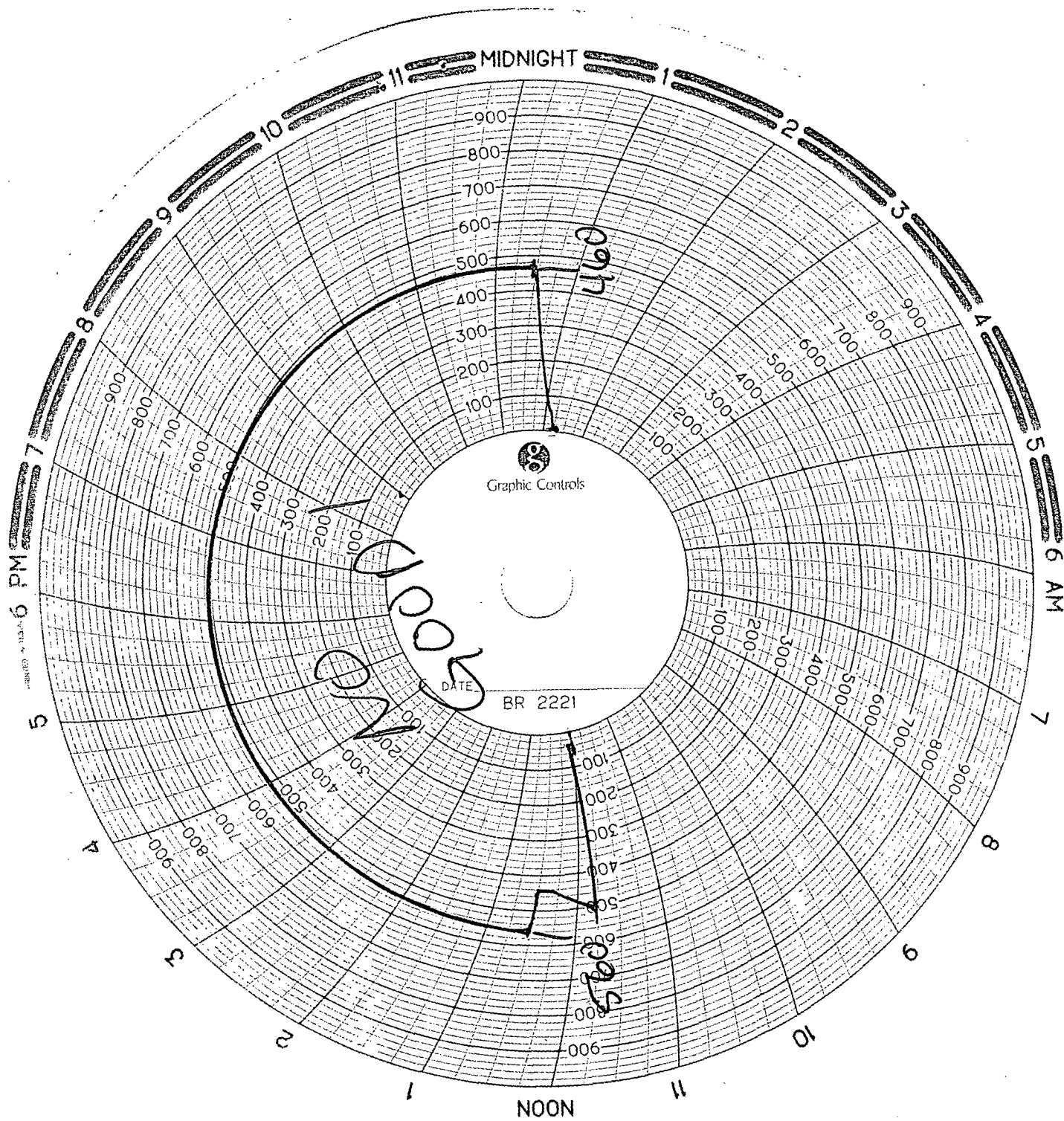
Spud Date: _____ Rig Release Date: _____

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

SIGNATURE Kim Laney TITLE REGULATORY ANALYST DATE 11/7/13

Type or print name KIM LANEY E-mail address: kim.laney@americoenergy.com PHONE: 713-984-9700


For State Use Only
APPROVED BY: **DENIED** TITLE **DENIED** DATE **DENIED**
Conditions of Approval (if any):



ACD diltfield Service

Driver 

Witness



ESA 429