Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Nat	tural Resources	WELL API NO	Feb 7, 2007
✓ <u>District II</u>	OIL CONSERVATION	NDIVISION	WELL API NO - 2	27676
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fra		5. Indicate Type of I	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8		STATE	FEE 🛛
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Sama 10, 14W	37303	6. State Oil & Gas L	ease No.
87505	The state of the s			
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELL SALS TO DRILL OR TO DEEPEN OR P		7. Lease Name or Un EAST SHUGART U	
DIFFERENT RESERVOIR. USE "APPLI			EAST SHUGART (J1 11 1
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other -Injection	well	8. Well Number 41	
2. Name of Operator	Cub Wen Za Other Injection			
Ameri	co Energy Resources, LLC	MAP 20 200 MA		228051
3. Address of Operator	TN 77062	MAIL ARTE	10. Pool name or Wi	
7575 San Felipe, Suite 200, Housto	m, 1X //063	\du \	Shugart Y-SR-QN	N-GB
4. Well Location	C C A NI-MI	1 2210		
	feet from the North lin		eet from theEast	line
Section 34	Township 18 South Ran 11. Elevation (Show whether Di		NMPM Eddy	County
	3634 GL	K, KKD, K1, GK, eic.)	475.466	
Pit or Below-grade Tank Application			A CAPONIA	
Pit typeDepth to Groundw	aterDistance from nearest fresh	water well Dista	ance from nearest surface	water
Pit Liner Thickness: mil			nstruction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN	ITENTION TO:	CLIDS	SEQUENT REPO	NDT OE:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	-	AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT		_
OTHER.		OTUED		
OTHER: 13 Describe proposed or communication of the communication of th	leted operations (Clearly state all	OTHER:	Mive pertipent dates i	ncluding estimated date
of starting any proposed we	oleted operations. (Clearly state all ork). SEE RULE 1103. For Multi	ple Completions: Att	ach wellbore diagram	of proposed completion
or re-completion.	•	•		•
- Inform "OCD"	1. 111 61 1.1	11 07777 4000	aran a l	
 MIRU IW kill truck to well location. Checked on well SITP=1200 psi. SICP=0 psi. Tested casing 500 psi held OK. Installed pressure recorder, tested casing 500 psi for 35 minutes OK. 				
	ire, and moved out of location.	corder, tested cashig c	ooo psi ioi 55 minutes	OK.
5 1				
I hereby certify that the information	above is true and complete to the !	hest of my knowledge	and helief I further co	rtify that any nit or helow-
grade tank has been/will be constructed a	closed according to NMOCD guidelines	, a general permit	or an (attached) alternative	e OCD-approved plan .
SIGNATURE	1 Am TITLE	Land Managan	DATE	/_
SIGNATURE Jacus /	. TILE_	Land Manager	DATE_ J//3/	2/
Type or print name Robert M. Gray	E-mail address: don.gray@ar	mericoenergy.com	Felephone No. 713-984	4-9700
For State Use Only	4	Gerry Guy	'e	MAR 2 0 2007
APPROVED BY: Mem			MAK 20 200	
Conditions of Approval (if any):		District II - Art	1961Q	(XII)

