

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Feb 7, 2007

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

WELL API NO. 30-015-05684
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>EAST SHUGART UNIT</b>
8. Well Number # <b>002</b>
9. OGRID Number 228051
10. Pool name or Wildcat Shugart (Y-SR-Q-G)

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other - <b>Injection well</b>	
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 <b>B</b> : <b>990</b> feet from the <b>North</b> line and <b>1650</b> feet from the <b>East</b> line Section <b>34</b> Township <b>18S</b> Range <b>31E</b> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3643 GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or re-completion.

- Inform "OCD" 505-748-1283 EXT 102
- MIRU service rig. Spot reverse unit, if necessary. Rig up slick line unit.
- TIH & set a plug in packer. Test 2-3/8" FG pipe to 1000 psi.
- If tubing tested OK, release, kill well with heavy fluid, N/D tree, N/U bop's.
- poohh with 2-3/8" fiber glass tubing. Stand back tubing string.
- GIH with 2-3/8" steel pipe on sqz packer. Set pkr at 2850'. test casing for leaks.
- Squeeze off casing leaks if any. Drill and clean up well bore to packer.
- GIH with new overshot, testing fiber glass tubing to 1000 psi. latch and test casing 500#
- Inform OCD for final casing test. **- 24 hours PRIOR to test**
- N/D & Nipple up. Re-test casing and tubing 500 psi for 30 minutes.
- If testing 5-1/2" casing is successful. Install well head equipment
- Send test chart along with C-103 subsequent report to OCD.

**See Attached  
Stipulations**

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Robert M. Gray TITLE Land Manager DATE 1/9/2008

Type or print name Robert M. Gray E-mail address: don.gray@americoenergy.com Telephone No. 713-984-9700

**For State Use Only**

APPROVED BY: Gerry Guye TITLE Gerry Guye DATE JAN 17 2008  
Conditions of Approval (if any): Compliance Officer

***Stipulations for Returning  
Well to Injection***

- OCD must be notified 24 hours prior to testing.
- Test must be a minimum of 300 psi held for 30 minutes.
- Original chart must be sent to OCD with subsequent C-103.
- All work must be completed prior January 21, 2008 unless extension granted by the Santa Fe Office of the Division.