

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  
May 27, 2004

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

WELL API NO. 30-025-05222
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.C. DICKINSON A1
8. Well Number 1
9. OGRID Number 6137
10. Pool name or Wildcat Denton (Wolfcamp)

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other Shut-In	
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 <u>L</u> : <u>1980</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line Section <u>1</u> Township <u>15S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3820' Drive Bushing	
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

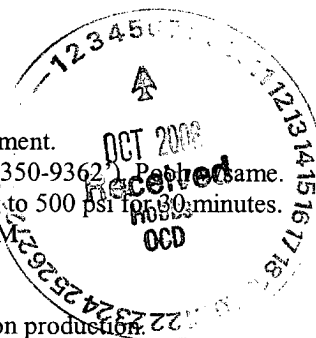
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	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: Mechanical Integrity Test <input checked="" 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 recompletion.

Amended and Agreed Compliance Order NMOCD-ACOI-70-A

Proposed Remedial Work

- MIRU Service rig. Spot rig pump & tank, fill with kill fluid.
- Bleed off csg/tbg pressure. Circulate to kill well if necessary.
- N/D & N/U. pooh with production equipment. Lay down ESP equipment.
- RU wire line, clear casing string to 9350' top of perforations (perfs-9350-9362'). Pool same.
- GIH with packer on tubing string. Set pkr at 9250', test casing string to 500 psi for 30 minutes.
- Pooh with BHA, lay down packer. Send the test results to OCD of NM.
- TIH with tubing string open ended.
- Rig down service rig and move out.
- Shut well in pending well evaluation and AFE cost to put well back on production.



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 [Signature] TITLE Vice President -Operations DATE 9/1/06

Type or print name Oscar Nosrati E-mail address: oscar.nosrati@americoenergy.com Telephone No. 713-984-9700

For State Use Only

APPROVED BY: [Signature] TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 05 2006

Conditions of Approval (if any):