

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.
30-025-05227

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-9774

7. Lease Name or Unit Agreement Name

State "T" Devonian

8. Well Number 2

9. OGRID Number
228051

10. Pool name or Wildcat
Denton Devonian

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, Ste. 200, Houston, TX 77063

4. Well Location

Unit Letter F : 1980 feet from the North line and 1980 feet from the West line
Section 2 Township 15S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3802' GL

Pit or Below-grade Tank Application ☐ or Closure ☐

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:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations.. (Clearly state all pertinent details, and give pertinent date, month and estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- MIRU service rig, spot reverse unit on location. Fill tank with field salt water. Rig up spooler unit.
- Nipple down wellhead equipment, Install special BOP's.
- Pooh with tubing, and ESP equipment while spool electric cable. sent cable and ESP to be check and repaired
- GIH with bit and scraper on tubing string. Clear and clean up 7" casing to 11000' Circulate well clean. Pooh and lay down BHA.
- GIH with a packer, and RBP. Test 7" casing from 11000' to surface. If any leak/leaks found. Prepare to squeeze.
- If no leaks found in casing string, continue to next step.
- GIH with ESP equipment. Nipple down BOP's and Install wellhead equipment.
- Put well on production.
- Rig down service rig and move off location.
- Put well on test. Report workover results.

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 NMOC guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Christy H. Hufield

TITLE Regulatory Analyst

DATE 3/14/08

Type or print name

E-mail address:

Telephone No.

For State Use Only

APPROVED BY: Chris Williams

OCD DISTRICT SUPERVISOR/GENERAL MANAGER

DATE APR 02 2008

Conditions of Approval (if any):