

This well is producing. RRC required an MIT so this H-15 was submitted.

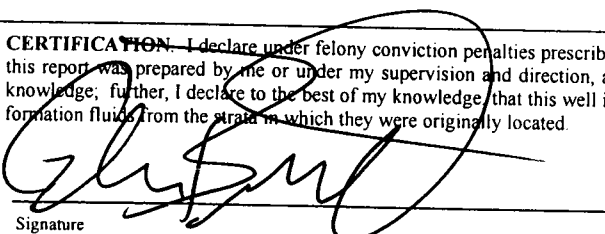
RAILROAD COMMISSION OF TEXAS  
Oil and Gas Division

TEST ON AN INACTIVE  
WELL MORE THAN  
25 YEARS OLD

H-15

Rev. 8/93

READ INSTRUCTIONS ON BACK

1. OPERATOR NAME exactly as on P-5, Organization Report <b>Americo Energy Resources, LLC</b>		2. OPERATOR P-5 NO. <b>019752</b>	3. RRC DISTRICT NO. <b>08</b>
4. OPERATOR ADDRESS including city, state, and zip code <b>1575 San Felipe, Suite 200 Houston, TX 77063</b>		5. FIELD NAME exactly as on Proration Schedule <b>Triple-N (Grayburg)</b>	
7. HISTORICAL WELLBORE DATE Month / Day / Year <input checked="" type="checkbox"/> Drilling (spud) date of wellbore <input type="checkbox"/> Earliest completion date in wellbore (if drilling date unknown) <b>7/27/65</b>		6. LEASE NAME exactly as on Proration Schedule <b>Triple-N/Grayburg/Cons.</b>	
10. DATE TEST PERFORMED <b>6-15-12</b>		8. OIL LEASE OR GAS ID NO. <b>21159</b>	9. WELL NO. <b>F9I</b>
11. BASE OF DEEPEST USABLE-QUALITY WATER (subsurface) <b>250</b>		12. COUNTY <b>Andrews</b>	13. API NO. <b>42-003-10487</b> <b>42-003-84318</b>
14. TYPE OF TEST. Complete either A or B. <input type="checkbox"/> A. Annual Fluid Level Test Top of fluid in wellbore: (give total depth of wellbore if no fluid is encountered) Determined by: <input type="checkbox"/> sonic survey <input type="checkbox"/> wireline <input type="checkbox"/> visual (to be used only when the top of fluid is visible from surface) <input type="checkbox"/> other: specify _____ Performed by: (name of individual and company) _____ <input checked="" type="checkbox"/> B. Mechanical Integrity Test. Type of mechanical integrity test performed (check one): <input checked="" type="checkbox"/> Hydraulic Pressure - cast iron bridge plug/packer depth: <b>4200'</b> <input type="checkbox"/> other: specify _____ Reason for mechanical integrity test (check one): <input checked="" type="checkbox"/> Substitute for annual fluid level test <input type="checkbox"/> Required for well 25 or more years old AND inactive 10 years or more (effective January 1, 1997)			
15. OPERATOR REMARKS		16. LOCATION. See Instruction No. 3 section: _____ block: _____ abstract: _____ survey: _____ well - perpendicular surface location from two nearest survey lines: feet from _____ line and feet from _____ line.	
<b>CERTIFICATION.</b> I declare under felony conviction penalties prescribed in Texas Natural Resources Code §91.143, that I am authorized to make this report, that this report was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge; further, I declare to the best of my knowledge that this well is not 1) polluting or likely to pollute any ground or surface water nor 2) allowing escape of formation fluids from the strata in which they were originally located.   Signature _____ Name (print or type) <b>Glenn Bertrand</b>  <b>Operations Manager</b> Title _____ Date <b>8/28/12</b> Phone <b>713.984-9700</b>			
<input type="checkbox"/> Pending: Data forwarded to District for review.		RRC Use Only <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Number of years mechanical integrity test approved for, if other than 5 years (from date performed) _____ review by _____ review date _____	

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CHART  
PORTAGE POOL  
INDIANA  
METER NO. M-1000-SH  
6-15-12

CHART PUT ON  
LOCATION  
REMARKS

TRIPLEN  
F-9-I  
RAC TR#

7425

TAKEN OFF

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