RECOLLADOR 2010 **UNITED STATES** BUREAU OF LAND MANAGEMENT ARTESIANRY NOTICES AND REPORTS ON WELLS

OCD-ARTESIA DEPARTMENT OF THE INTERIOR

FORM APPROVED 5

Expires March 31,	2
Lease Senal No	
NM 93772	

	nis form for proposals t ell. Use Form 3160-3 (a	6 If Indian, Allottee or Tribe Name				
SUBMIT IN TRIPLICATE- Other instructions on reverse side.			7 If Unit or CA/Agreement, Name and/or No			
1 Type of Well Oil Well	Type of Well Gas Well Other			8. Well Name and No.		
2. Name of Operator Merit Energ	y Company			Shugart West 19 Federal #7 9 API Well No		
3a Address			'e area code)	30-015-30686 10 Field and Pool, or Exploratory Area		
4 Location of Well (Footage, Sec,	ocation of Well (Footage, Sec., T., R., M., or Survey Description)			Wildcat; Shugart Bone Springs		
1980' FSL & 660' FWL Sec. 19-T18S-R31E				11. County or Parish, State Eddy Co., New Mexico		
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATUR	RE OF NOTICE, F	REPORT, OR OTHER DATA		
TYPE OF SUBMISSION		TY	PE OF ACTION			
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair Change Plans	Deepen Fracture Treat New Construction Plug and Abandon	Production (St Reclamation Recomplete Temporarily Al	Well Integrity Other Add perfs		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
If the proposal is to deepen dire Attach the Bond under which it following completion of the invitesting has been completed. Fit determined that the site is ready 1. MIRU WSU. ND WH. 2. RIH w/bit & scraper to 3. RU EL & PU perf gun	ctionally or recomplete horizontalline work will be performed or proving the operations. If the operation and Abandonment Notices shall be for final inspection.) NU BOP's & test, RU tbg. tool PBTD, POOH, Clean-out fill	y, give subsurface location de the Bond No on file was results in a multiple comp filed only after all require s. Kill will if needed wa if needed. ide GR/CCL tools. Lo	ns and measured and tro with BLM/BIA Requir pletion or recompletion ments, including reclandrians.	ny proposed work and approximate duration thereof the vertical depths of all pertinent markers and zones and subsequent reports shall be filed within 30 days in a new interval, a Form 3160-4 shall be filed once nation, have been completed, and the operator has the role of the complete		

14 I hereby certify that the foregoing is true and correct Name (Printed/Typed)	Title Decoleton Manage			=			
Lynne Moon	Title Regulatory Manager						
Signature Lyn Nov	Date 05/03	/2010	APPROVED	_			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
Approved by	Title		Date MAY 3 0 2010	_			
Conditions of approval, if any, are attached. Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon			JAMES A. AMOS	_			
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction							

5. RIH w/tbg. plug & pkr. Set plug below new perfs. Set pkr above all perfs. Pump 8000 gals 15% HCL w/diverter. Flush w/2% KCL. RD

7. RIH w/production tbg., rods & pump and hang-off. RDMO WSU. Place well on production and obtain test.

4. MIRU pumping services.

pumping services. Swab back acid. 6. Unseat pkr. Retrieve plug & POOH.