

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-21271

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
V-16

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.)

7. Lease Name or Unit Agreement Name

Southlane SWD

1. Type of Well:
OIL WELL GAS WELL OTHER SWD

8. Well No.
D-35

2. Name of Operator
Merit Energy Company

3. Address of Operator
12222 Merit Drive, Suite 1500 Dallas, Texas 75251

9. Pool name or Wildcat
SWD Devonian

4. Well Location
Unit Letter D : 500 Feet From The North Line and 500 Feet From The West Line

Section 35 Township 10S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4213 DF

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>mechanical integrity test</u> <input checked="" type="checkbox"/>

12. 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.

Test was performed 3/11/94

Obtained pressure of 570 which held for 30 minutes

Packer Set at 11,735'
Open hole at 12,819' to 12,990'

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sheryl J. Cassuth TITLE Regulatory Manager DATE 3/29/94

TYPE OR PRINT NAME Sheryl J. Cassuth TELEPHONE NO. (214) 761-5377

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APR 05 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Handwritten initials

