

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. 30-015-05302
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Turner B
8. Well Number 72
9. OGRID Number 14591
10. Pool name or Wildcat Grayburg-Jackson

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	RECEIVED MAR 06 2006 OCD-ARTESIA
2. Name of Operator Merit Energy Company	
3. Address of Operator 13727 Noel Road, Suite 500, Dallas, Texas 75240	
4. Well Location Unit Letter _____ : _____ 330 _____ feet from the _____ south _____ line and _____ 1980 _____ feet from the _____ east _____ line Section 20 Township 17-S Range 31-E NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>Temporarily Abandon</u> <input checked="" type="checkbox"/>
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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.

01/1/2006 - MIRU Well Service Rig #5. NDWH, NUBOP, release Baker 4-1/2 J-Loc pkr. COOH w/work string, TIH w/plug, ret head. Set plug @ 2817'. TOH w/ret. Head. TIH w/full bore pkr. Set pkr w/15k tension to isolate csg leak. Secure well. SDFN.  
NOTE: Found hole in top jt of 4-1/2" production csg. Welder to be on location in AM.  
01/18/2006 - Open well. 0 psi. Weld patch on 4-1/2" production csg. Test patch to 500 psi. Release pkr @ 30'. Test csg to 500 psi. TOH w/tbg & tools. TIH w/bit sub, collars, X-over, & 2-3/8" tbg. Tag fill @ 3450'. Circ hole clean. TOH. Secure well. SDFN.  
01/19/2006 - Open well. RU Testers. Test in hole @ 5000 psi below slips w/prod string & pkr. Take off BOP, Pack wellhead off. Displace w/60 bbls, packer fluid. Set pkr @ 2844' w/20k tension. NUWH. RD Clean location. Move off. Change out 2-3/8 master valve.  
02/10/2006 - RU to conduct NNOCD required test. Conducted test. Well tested OK. Witnessed by NMOCD. RD.  
Original Chart at NMOCD Artesia  
Well returned to injection.

This form cannot be  
processed due to  
conflicting information.

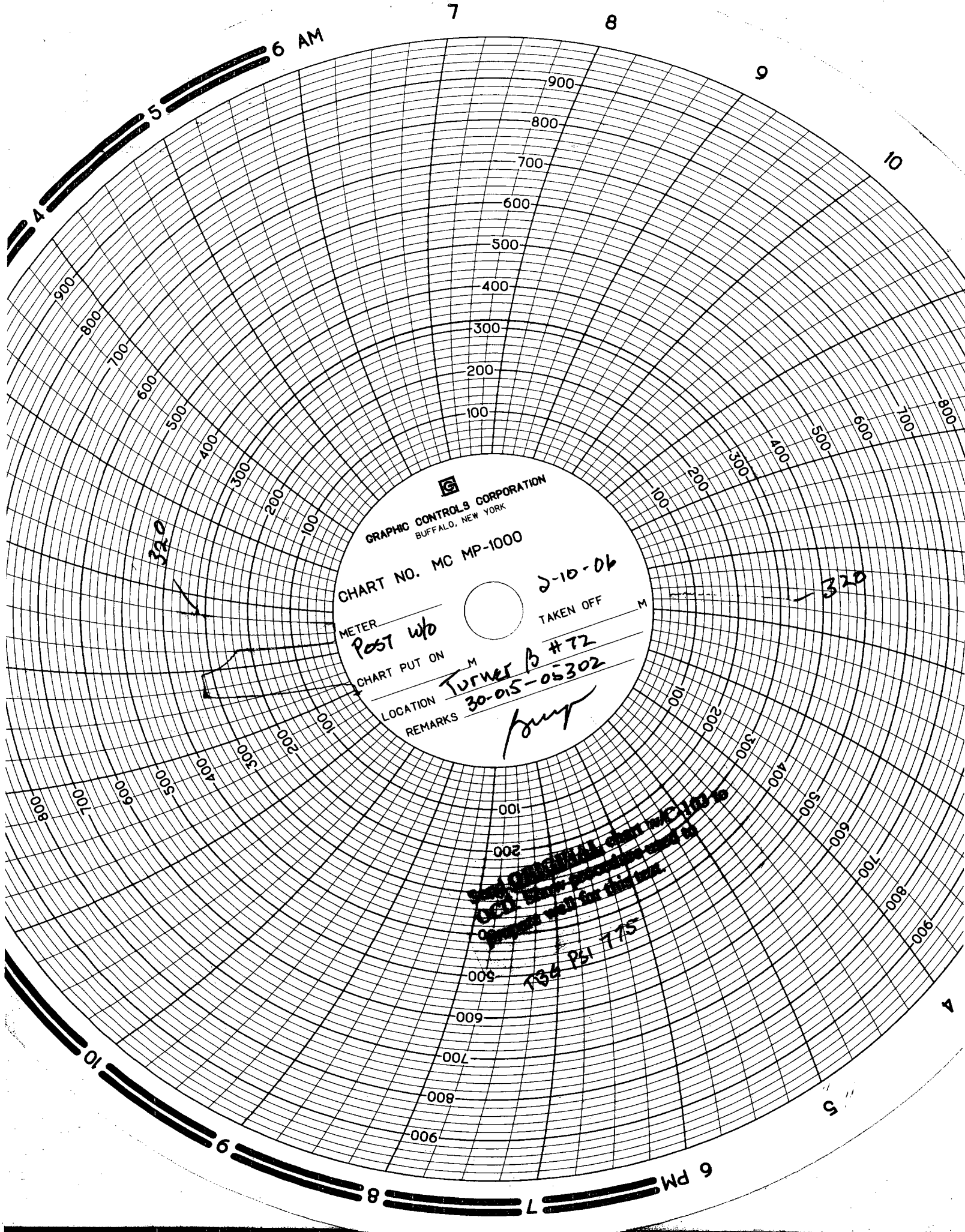
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Larry M. Sanders TITLE Sr. Regulatory Analyst DATE \_\_\_\_\_

Type or print name Larry M. Sanders E-mail address: larry.sanders@meritenergy.com Telephone No. 972-628-1610  
For State Use Only

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 15 2006  
Conditions of Approval (if any):

Accepted for record - NMOCD



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

CHART NO. MC MP-1000

2-10-06

METER  
Post w/o

TAKEN OFF

CHART PUT ON

LOCATION

Turner B #72

REMARKS

30-015-05302

~~THIS CHART IS NOT TO BE USED FOR RECORDING~~  
~~OR FOR PLOTTING DATA~~  
~~OR FOR ANY OTHER PURPOSE~~

734 PSI 775