

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. <input checked="" type="checkbox"/> 30-025-09283
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Merit Energy Co.		6. State Oil & Gas Lease No. 024669
3. Address of Operator 13727 Noel Rd, Suite 500 Dallas TX 75240		7. Lease Name or Unit Agreement Name State A A/C 1 /
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1930</u> feet from the <u>West</u> line Section <u>9</u> Township <u>23S</u> Range <u>36E</u> NMPM Lea County <input checked="" type="checkbox"/>		8. Well Number <u>11</u> /
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3494		9. OGRID Number <u>14591</u> <input checked="" type="checkbox"/>
10. Pool name or Wildcat Jalmat Tansil, Yts 7 Rvrs <input checked="" type="checkbox"/>		

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 ☐
 DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

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

OTHER: ☐OTHER: TA Test ☒

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Load csg w/ packer fluid.
 2. Pressure test csg to 540# for 30 minutes. (Plug set @ 3075')
 3. Record test on chart. (See attached chart).
 4. Request TA status for 6 months.

This Approval of Temporary Abandonment Expires 12-11-2010

Spud Date:

Rig Release Date:

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

SIGNATURE Joel Sisk TITLE Production Foreman DATE 6-11-10

Type or print name Joel Sisk E-mail address: joel.sisk@meritenergy.com PHONE: 575-394-2574

For State Use Only

APPROVED BY: [Signature] TITLE STAFF MGR DATE 6-16-10

Conditions of Approval (if any):

P.M.

