

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

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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30 015 -05260
2. Name of Operator MERIT ENERGY COMPANY		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 13727 NOEL RD., STE 500; DALLAS, TX 75240		6. State Oil & Gas Lease No. LC031844
4. Well Location Unit Letter <u>O</u> : <u>1980</u> feet from the <u>EAST</u> line and <u>610</u> feet from the <u>SOUTH</u> line Section <u>19</u> Township <u>17S</u> Range <u>31E</u> NMPM County <u>EDDY</u>		7. Lease Name or Unit Agreement Name FREN OIL CO
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3616 GR		8. Well Number <u>12</u>
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

NOTICE OF INTENTION TO: 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"/>	SUBSEQUENT REPORT OF: <input checked="" type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input 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.

8-5-04 NE WH & NU BOP. UNSET PKR, POOH W/TBG & PKR. RIH TO 2714 SET RBP. TSTD RBP TO 500 PSI HELD GOOD.
 8-6-04 RU WL, TIH TO 1875, PERFD 4 HOLES. RIH W/PKR TO 700', SET PKR. RU PMP TRUCK, TRIED TO PMP INTO BUT COULD NOT UNSET PKR. POOH W/TBG, RIH W/WL, PERF 4 HOLES @ 1800'.
 8-19-04 PU 6-1/4 BIT, BIT SUB 6 4-3/4 DC'S, COLLAR SUB AND TBG. RIH TO 178'. TAG TOC. PU SWIVEL, START DRLG ON CMT. DRILL OUT CMT. HIT RETAINER @ 1744'. DRILLED THRU RET, DRLD DWN TO 1780'.
 8-23-04 RU SWIVEL, START DRILLING @ 1780. FELL OUT OF CMT @ 1859'. WENT DN TO 1903' TO CK FOR STRINGERS, CIRC HOLE CLEAN. CLOSE BOP, PRESS UP ON CSG TO 500 PSI, HELD 15 MIN. RIH TO 2700', CIRC SAND OFF RBP. LATCH ONTO RBP. UNSET RBP, POOH
 8-24-04 PU BIT AND SCRAPER. RIH TO 3078' EVERYTHING WAS CLEAN, CIRC CLEAN. PU PKR, RIH W/PROD STRING TO 2765 ND BOP NU WELL HEAD, CIRC PKR FLUID, SET PKR. PRESS TEST PKR TO 500 PSI, HELD OK RD REVERSE UNIT, RD PULLING UNIT.

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 Bev Hatfield TITLE Sr. Regulatory Analyst DATE 10-13-04
 Type or print name Bev Hatfield Email address: Beverly.hatfield@meritenergy.com Telephone No. 972 628 1630

For State Use Only

Accepted for record - NMOCD

APPROVED BY: _____ TITLE _____ DATE **NOV 8 2004**

Conditions of Approval (if any):