-Submit   Copy To Appropriate District State of New Mexico	
Office:	Form C-103 Revised August 1, 2011
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <b>HOBBS OCD</b>	WELL API NO.
$\frac{\text{District II}}{\text{CONSERVATION DIVISION}} \qquad \qquad \text{OUL CONSERVATION DIVISION}$	30-015-30501
811 S. First St., Artesia, NM 88210         DIL CONSERVATION DIVISION	5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 D V 2013 120 Santa Fe, NM 87505	STATE     FEE     X       6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	067896
87505 <b>RECEIVED</b> SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)	West Shugart '19'
1. Type of Well: Oil Well 🕅 Gas Well 🗌 Other	8. Well Number 2
2. Name of Operator Merit Energy Company	9. OGRID Number
	.14591 10. Pool name or Wildcat
3. Address of Operator 13727 Noel Road, Ste. 500 Dallas, TX 75240	SWD; Delaware
4. Well Location	SwD, Delaware
Unit Letter: 660 feet from the S line and 1930 feet from the E line	
Section 19 Township 18S Range 31E	NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDON REMEDIAL WORK	
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.	
Replace tubing and packer in well. Ran successful mechanical integrity test.	
Male CLAR LATE CONT HIS LANDER OF ADA	
MISSING INFO ON HOW MULT TURING RECEIVED	
WAS REPUSCOP AND WHERE THE PACKOR	
WAS REFERT.	FEB 1 2 2013
W/OS ICE BET.	NMOOD ADD
	NMOCD ARTESIA
Spud Date: Rig Release Date:	
and a start of the start of t	<ul> <li></li></ul>
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief.
SIGNATURE TITLE Regulatory Analyst	DATE <u>02/01/2013</u>
Type or print name <u>Matt Ogden</u> E-mail address: <u>matt.ogden@mer</u> For State Use Only	itenergy.com PHÓNE: (972)628-1603
For State Use Only	
APPROVED BY: Real ARD INGE TITLE COMPLIANCE OFFICE DATE 2/14/13	
APPROVED BY: <u>Comp Clavic O</u> Conditions of Approval (if any):	Write 0414/15
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