

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

May 27, 2004

WELL API NO.

30-015-05183

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

LC029395B

7. Lease Name or Unit Agreement Name
Turner B

8. Well Number #04

9. OGRID Number

114591

10. Pool name or Wildcat

GRAYBURG JACKSON;SR-Q-G-SA

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 ☐ Gas Well ☒ Other --- Water Injection Well

2. Name of Operator

Merit Energy Company

3. Address of Operator

13727 Noel Road, Suite 500, Dallas, Texas, 75240

4. Well Location

Unit Letter N: 660 feet from the SOUTH line and 1980 feet from the WEST line

Section 17

Township

17S

Range

31E

NMPM

County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3672' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

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 ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB: ☐

OTHER: ☒

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.

TURNER B # 04 WATER INJECTION WELL FAILED ITS IMIT ON 4/29/2005, BECAUSE OF A DAMAGED CASING VALVE CONNECTION.

THE CASING VALVE CONNECTION WAS REPAIRED & A MIT TEST WAS PERFORMED ON 9/20/2005 TO VERIFY WELLBORE INTEGRITY. THE CHART RECORDING OF THIS SUCCESSFUL TEST IS INCLUDED WITH THIS DOCUMENT.

Accepted for record - NMOCD

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. Reg. Analyst DATE 10/5/05
Type or print name LARRY M. SANDERS E-mail address: _____ Telephone No. 972-682-1610
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

NIGHT

6 AM

6 PM

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GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000

METER _____

CHART PUT ON
0955 A.M.

LOCATION

REMARKS

TURK R

30-15-05183

CD Paul
Navy

TAKEN OFF
1025 A.M.

9-20-06

RECEIVED

OCT 11 2005

OCD-ARTESIA