

OCD-ARTESIA

Form 3160-5
(April 2004)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator Merit Energy Company

3a. Address
13727 Noel Road, Suite 500, Dallas, Texas 752403b. Phone No. (include area code)
972-628-1610

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330' FSL & 1980' FEL, Sec. 20, T-17-S, R-31-E

5. Lease Serial No.

LC-029395-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Turner "B" Well No. 72

9. API Well No.

30-015-05302

10. Field and Pool, or Exploratory Area

Grayburg-Jackson

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

01/17/2006 - MIRU Well Service Rig #5. NDWH, NUBOP, release Baker 4-1/2 J-Loc pkr. COOH w/tbg, pkr. RIH w/work string. TIHN 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" csg. Test patch to 500 psi. Release pkr @ 30'. Test csg string to 500 psi. TOH w/tbg & tools. TIH w/bit, bit sub, collars, X-over, & 2/38" tbg. Tag fill at 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 NMOCD required test. Conducted test. Well tested O.K. Witnessed by NMOCD-RD.

Original chart sent to NMOCD Artesia, copy for BLM records.

Well returned to injection.

RECEIVED

MAR 08 2006

OCD-ARTESIA

ACCEPTED FOR RECORD

MAR 7 2006

GARY GOURLEY
PETROLEUM ENGINEER14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Larry M. Sanders

Title Sr. Regulatory Analyst

Signature

Date

02/22/2006

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title

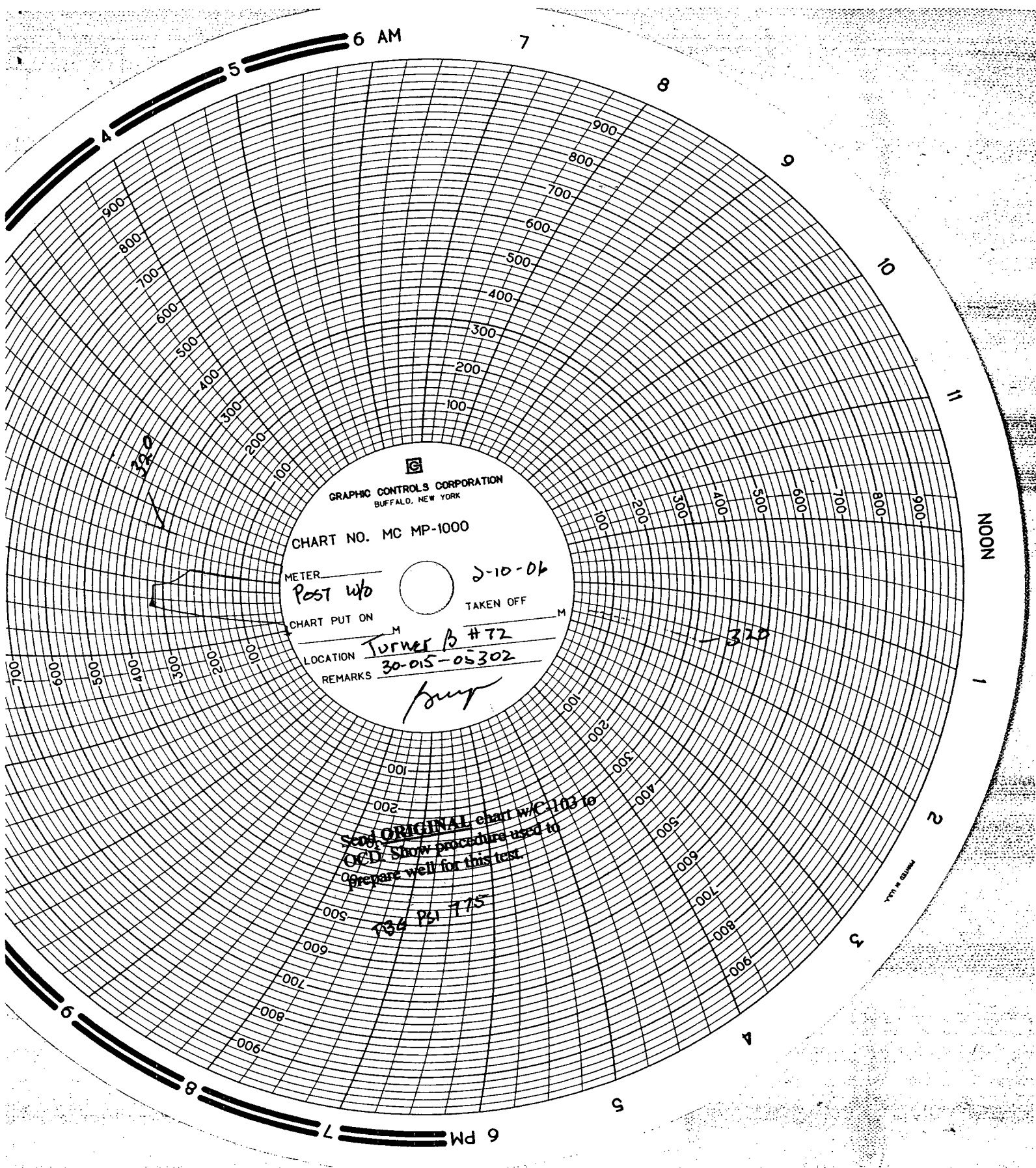
Date

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

APPROVED FOR
RECORD OF APPROVAL



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000

METER

Post w/o

2-10-06

TAKEN OFF

CHART PUT ON

LOCATION

Turner B #72

REMARKS

30-015-05302

Long

See ORIGINAL chart w/C1103 to
OCD. Show procedure used in
prepare well for this test.

134 PSI 775