

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

WELL API NO.
30-015-21460

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
LC-029435-B

7. Lease Name or Unit Agreement Name

Keel, J. L. "B"

8. Well Number 30

9. OGRID Number
14965

10. Pool name or Wildcat
Grayburg-Jackson

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

2. Name of Operator
Merit Energy Company

3. Address of Operator
13717 Noel Road, Suite 500 Dallas, Texas 75240

4. Well Location

Unit Letter _____ : 430 feet from the south line and 2250 feet from the east line
Section 6 Township 17-S Range 31-E NMPM Eddy County

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

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 ☒ x ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: MIT
☐

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.

04/24/2006 - MIRU Well - Service #5. Set Aux. Equip. Change Rams. NDWH, Install BOP W/Enviro Pod. Release Pkr @ 2763', COOH w/tbg & pkr. Change rams. TIH W/RBP on 2-7/8" work string. Set plug @ 2733'. TOH w/40 jts. Secure well. SDFN.
04/25/2006 - Open well. Finish TOH w/48 jts, Ret head, TIH w/5-1/2 fullbore pkr. Set pkr @ 2720'. Test plug to 1000psi. Release pkr. Displace hole w/produced water. Spot 200# sand for 14' calc. fill. TOH W/pkr, testing. Found bottom of csg leak @ 537' - TOP 2 318'. TOH W/pkr. TIH w RBP Full bore PKR. Test across bad section in 30' intervals from 544' to 451'. Secure well. DSNF.
04/26/2006 - Open well. 0 psi. Finish testing across bad section of csg. Determined top of hole @ 389' to 539'. 1-1/2 BPM @ 1300 psi. RU Jarrell Services, Run CGL 0 - 721. Log showing good bond w/cement to surface. Secure well, SDFN.
04/27/2006 - Open well. 0 psi. Take off BOP. Make up 5-1/2 X 2" swage. RU Rising Starr. Squeeze well w/150 sxs Class "C" w/2% calcium Chloride @ 1000 psi. RC Rising Starr. Secure well, SDFN.
04/28/2006 - Open well. 0 psi. Take off top flang & Swage. NUBOP. TIH w/4-3/4" bit, sub & collars. Tag cement at 340'. Drill out to 410'. Test to 300 psi (good). Con't drilling. Fell out of cement at 530'. Bit @ 600' Circ hole clean. Pressure test to 300. 90 psi increase in 30 min. TOH w/tbg & bha. Secure well, SDFN.
04/29/2006 - Open well. TIH w/5-1/2 full bore pkr to 628'. Set pkr, test down tbg to 300 psi. 50 psi increase in 15 min. Test Annulus to 300 w/chart recorder. 25 psi drop in 30 mins. TIH w/pkr. Set pkr @ 2728'. Test plug to 300 psi. Pressure increase to 350 in 15 mins indicating plug had slight leak. TOH w/pkr. TIH w/ret head. Wash sand off top of plug. Release rbp, Secure well, flow to battery. SDFN.

I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Larry M. Sander TITLE Sr. Regulatory Analyst DATE 05/22/2006

Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Accepted for record
NMOC

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Office
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May 27, 2004

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1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-21460
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC-029435-B
7. Lease Name or Unit Agreement Name Keel, J. L. "B"
8. Well Number 30
9. OGRID Number 14965
10. Pool name or Wildcat Grayburg-Jackson

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OTHER: ☐

SUBSEQUENT REPORT OF:

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

OTHER: MIT ☐

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Continued.

05/01/2006 – Open well. TOH w/tbg & plug. TIH w/4-3/4 bit & collars. Tag fill @ 3605'. RU swivel, clean out to 3607'. Plugged bit. TOH w/tbg & bit. LD Drill collars. TIH w/2-7/8" work string. TOH Laying down. Secure well, SDFN.

05/02/2006 – Open well. RU Testers, Test in hole w/5-1/2 Hornet pkr, 83 jts 2-3/8". Take off BOP, NU WH. Displace w/60bbls pkr fluid, Set pkr @ 2738'. Test csg to 300psi. 60 psi drop in 30 mins. Restes csg w/30 min chart 2 times. Could not get csg to test. Secure well, SDFN.

05/03/2006 – RU on csg w/30 min shart. REC Could not get csg to test. WOO. Secure well. SDFN.

05/04/2006 – Open well. ND WH. Release pkr. Displace annulus w/10# gel brine pkr fluid 2/120VFS. Set pkr. NU WH. Flow tbh back for bottoms up to remove excess gel from tbg. Test csg to 300 psi. Solid. RDMO. Final report.

05/12/2006 – Conduct NMOCD MIT test. Well tested OK. Original chart attached.

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 [Signature] TITLE Sr. Regulatory Analyst DATE 05/22/2006

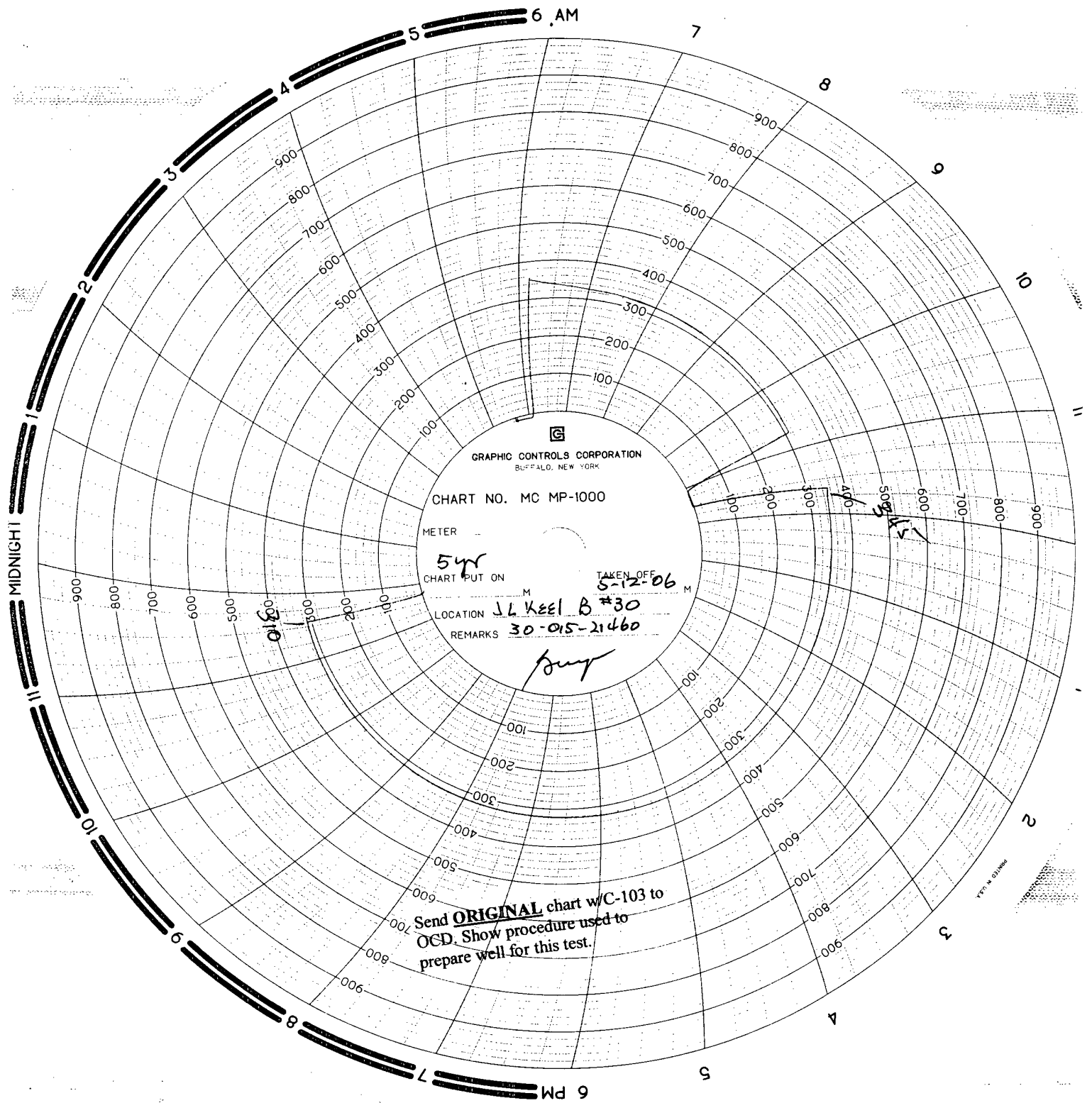
Type or print name
For State Use Only

E-mail address:

Telephone No.

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000

METER

54
CHART PUT ON

TAKEN OFF
5-12-06

LOCATION J L KEEL B #30

REMARKS 30-015-21460

Imp

Send **ORIGINAL** chart w/C-103 to
OCD. Show procedure used to
prepare well for this test.