Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Nat	tural Resources	June 19, 2008 WELL API NO.	
1625 N French Dr, Hobbs, NM 88240 District II	OH CONGERNATION DIVIGION		30-015-25993	
1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.		STATE FEE	
District IV 1220 S St Francis Dr , Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreeme	nt 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)			H E West B 8. Well Number 035	
1. Type of Well: Oil Well Gas Well X Other				
2. Name of Operator			9. OGRID Number 14591	
Merit Energy Company 3. Address of Operator			10. Pool name or Wildcat	
13727 Noel Rd. Suite 500 Dallas, Texas 75240			Grayburg Jackson	
4. Well Location				
Unit Letter L:	1980 feet from the S	line and	860 feet from the W_	line
Section	709 Township 17S			ounty .
			And the second second	
				SERVING A
12. Check A	Appropriate Box to Indicate 1	Nature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:	
			K ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A				· . 🗆
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
DOWNHOLE COMMINGLE	Company of the Company of the Care,	- 1 / 1/2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	and the second	
OTHER:	X	OTHER:	the first service of the service of	
			l give pertinent dates, including est	timated date
	rk). SEE RULE 1103. For Multi	ple Completions: Att	tach wellbore diagram of proposed	completion
or recompletion.	·		- ^ -	
Upon completion of laying injection	line Merit Energy Company is no	anning to turn the wel	I to injection. A successful MIT w	vas run and
witnessed by Richard Inge on 10/02/				
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Spud Date:	Rig Release D	Date:		•
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I hereby certify that the information a	above is true and complete to the	pest of my knowledge	and belief.	
The state of the s				
SIGNATURE Mo	TITLE REG	MANAGER	DATE 10/12	109
Type or print name Lypue N	1000 E-mail addre	SS:	PHONE: 971-60	18-1569
For State Use Only	-			
	NEE TITLE CON	ADELANCE NO	aug mlan	La
APPROVED BY: Letter	TITLE U	ipulatives up	FILEN DATE 10/23	107
Conditions of Approval (if any):				
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