|  | Submit 3 Copies To Appropri<br>Office  | iate District   |   | State of New Mexico<br>Energy, Minerals and Natural Resources |                              |  | Form C-103                           |  |
|--|--|---|---|---|------------------------------|--|--------------------------------------|--|
|  | District I<br>1625 N. French Dr., Hobbs, N   | Energy, Mine  | Energy, Minicials and Natural Resources             |   |                              | Revised March 25, 1999<br>WELL API NO.<br>30-015-25555 |                                      |  |
| SF   | District II<br>811 South First, Artesia, NM<br>District III  | OIL CONSI   | OIL CONSERVATION DIVISION                           |   |                              | of Lease   |                                      |  |
|  | District III<br>1000 Rio Brazos Rd., Aztec,  | 2040  | 2040 South Pacheeo 6 17 78 70<br>Santa Fe, NM 87505 |   |                              | FEE K  |                                      |  |
| 2  | District IV  | Sant  |   |   |                              | Gas Lease No.  |                                      |  |
| г  | 2040 South Pacheco, Santa Fe, NM 87505   |   |   |   |                              |  |                                      |  |
|  | SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agn<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A   |   |   |   |                              |  | r Unit Agreement Name:               |  |
|  | DIFFERENT RESERVOIR.<br>PROPOSALS.)  | DRM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIR. USE "APPLICATION FOR PERMIT" (FORM $C_{101}$ , $GR$ SUCH (ED<br>ARTESIA |   |   |                              | Burton Fla   | it                                   |  |
|  | 1. Type of Well:   |   |   |   |                              |  |                                      |  |
| ┢  | Oil Well S Gas Well Other 8. Well No.  |   |   |   |                              |  |                                      |  |
|  | Merit Energy Co  |   | 00 Dallas, Texas 75251                              |   |                              |  |                                      |  |
|  | 3. Address of Operato  | 1500 Dallas   |   |   |                              | 9. Pool name or Wildcat                                |                                      |  |
| ┢  | 12222 Merit Dr:<br>4. Well Location  | ive Suite   | e 1500 Dallas,                                      | Texas /5  | 251                          | E. Avalon - Bone Spring                                |                                      |  |
|  | Unit Letter P : 2970 feet from the South line and 990 feet from the East   |   |   |   |                              |  |                                      |  |
|  |  |   |   |   |                              |  |                                      |  |
|  | Section 1  |   | Township  | 21S Ra  | ange 27E                     | NMPM   | County Eddy                          |  |
|  |  | 10. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |   |                              |  |                                      |  |
|  | 3204' KB<br>11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |   |   |   |                              |  |                                      |  |
|  |  |   |   |   |                              | SEQUENT RE   |                                      |  |
|  | PERFORM REMEDIAL   |   |   | DON 🗌   | REMEDIAL WORK                |  | ALTERING CASING                      |  |
|  | TEMPORARILY ABAND  | CHANGE PLANS  | ABANDONMEN  |   |                              |  |                                      |  |
|  | PULL OR ALTER CASI   | NG 🗆  | MULTIPLE<br>COMPLETION                              |   | CASING TEST AN<br>CEMENT JOB |  |                                      |  |
| _  | OTHER:   |   |   |   | OTHER:                       |  |                                      |  |
|  | 12. 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 recompilation.                  |   |   |   |                              |  |                                      |  |
| 01/12/2000 Notified Leslie @ N.M.O.C.D. MIRU. NU BOP. POOH<br>Set CIBP @ 5508'. Circulated hole w/mud & pressure<br>psi. Held.                     |  |   |   |   |                              | POOH w/proc<br>pressure teste                          | duction equipment.<br>ed csg. to 500 |  |
|  | 01/13/2000 Notified Leslie @ N.M.O.C.D. Pumped 10 sx. Class "C" cmt. 5508' - 5<br>Pumped 55 sx. Class "C" cmt. 2509' - 2085'. Pumped 55 sx. Class "C"<br>w/2% CaCl2 @ 1499'. WOC & tagged cmt. @ 1155'. Pumped 45 sx. Class<br>cmt. 590' - 482'. ND BOP & pumped 10 sx. Class "C" cmt. 30' to surf |   |   |   |                              |  |                                      |  |
|  |  |   |   |   |                              |  |                                      |  |
|  | 01/14/2000   | Cut off<br>anchors  | wellhead & in                                       | stalled d   | ryhole marker.               | Covered pit  | , cellar and                         |  |
| -  |  |   |   |   |                              |  |                                      |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE                                 |  |   |   |   |                              |  |                                      |  |
|  |  |   |   |   |                              |  |                                      |  |
| ,  |  |   |   |   |                              |  | 072_283.65                           |  |
| Type or print name       Lynne Moon       Telephone No.       972-383-656         (This space for State use)       Telephone No.       972-383-656 |  |   |   |   |                              |  |                                      |  |
|  | APPPROVED BY   |   | awkins  | TITLE   | Field Rep.                   | I  | DATE 3-2/-CU                         |  |
| (  | Conditions of approval, i  | if any:   |   |   |                              |  |                                      |  |