Submit 7 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-025-28515
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE X FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FO R SUCH	State A A/C 1
PROPOSALS.)		0 W II N . 1
1. Type of Well: Oil Well	Gas Well Other Injection WaldBBS OCD	8. Well Number 120
Name of Operator Merit Energy	Company	9. OGRID Number
3. Address of Operator 13727 Noe	FEB 1 7 2014	10. Pool name or Wildcat
Dallas, TX	75240	Langlie Mattix SR-Q-GB
4. Well Location	RECEIVED	Langue Wattix SR-Q-GB
Unit Letter C : 25 feet from the North line and 1345 feet from the West line		
Section 10	Township 23S Range 36E	NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, GR, et	(c.)
	9	
12. Check A	Appropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF IN	ITENTION TO:	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	
TEMPORARILY ABANDON	 -	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER: TA we	:11
13. Describe proposed or comp	oleted operations. (Clearly state all pertinent details, a	and give pertinent dates, including estimated date
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple C	Completions: Attach wellbore diagram of
proposed completion or rec	completion.	
Request TA status extension for years. Thanks.		
6 months		
6 Mort		
This Approval of Temporary 12-2014		
Abandonment Expires		
g 15		
Spud Date:	Rig Release Date:	
Lhereby certify that the information	above is true and complete to the best of my knowled	dge and helief
Thereby certify that the information	above is true and complete to the best of my knowled	age and benefi.
	1	
SIGNATURE	TITLE Regulatory Analyst	DATE 02/14/2014
Type or print name Matt Oader	E mail addraga, matt ander @w	paritanaray com DHONE (072)(220 1602
Type or print name Matt Ogden For State Use Only	E-mail address: matt.ogden@m	eritenergy.com PHONE: (972)628-1603
W. 1	V11	(P) -11-
APPROVED BY:	m4-m_TITLE Compliance C	Hiler DATE 2/19/2014/
Conditions of Approval (if any):	Į.	/

FEB 20 2014

