

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Aztec, NM 82210
District III
1000 Rio Grande Blvd., Santa Fe, NM 87501
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of NEW MEXICO
Energy Minerals and Natural Resources

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

For drilling and production facilities, submit to appropriate NMED District Office.
For surface facilities, submit to Santa Fe office.

FORM U-144
March 12, 2004

RECEIVED

MAY 17 2004

OCB-AFTESIA

Operator: MERIT ENERGY

Telephone: (505) 677-2322, extension:

Address: PO BOX 300

Facility or well name: RUSSEL FED #12 Area: 300152880902 DR or QD No: C Sec: 18 T: 17 R: 31

County: EDDY Latitude: _____ Longitude: _____

NAD: 1983 1993 Surface Owner: Federal State Private Indian

Type: Drilling Production Disposal

Wellbore Emergency

Lined Unlined

Line type: Synthetic Metal Clay Valves: 100 psi

Depth to ground water (vertical distance from bottom of pit to nearest high water elevation of ground water.)

Pit or below-grade tank

Value: ___ ft Type of tank: _____

Construction material: _____

Double-walled, with leak detection? Yes If not, explain why not: _____

Wellhead protection zone: (less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources.)

Less than 200 feet

(20 points)

200 feet or more, but less than 1000 feet

(10 points)

1000 feet or more

(0 points) ✓

Distance to surface water: (vertical distance to all streams, gullies, irrigation canals, ditches, and potential and ephemeral water courses.)

Less than 200 feet

(20 points)

200 feet or more, but less than 1000 feet

(10 points)

1000 feet or more

(0 points) ✓

Ranking Score (Total Points)

If this is a pit closure: (1) attach a diagram of the facility showing the pit's relationship to other equipment and tanks. (2) Indicate disposal location:

onsite offsite If offsite, name of facility: _____ (3) Attach a general description of remedial action taken including remediation start date and end date. (4) Groundwater encountered: No Yes If yes, show depth below ground surface: _____ ft. and attach sample results. (5) Attach soil sample results and a diagram of sample locations and excavations.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that the above described pit or below-grade tank has been fully constructed or closed according to NMEDC guidelines. (1) a general plan or (2) a detailed OCB-approved plan .

Date: 5-14-04

Printed Name/Title: JOHNNY SPARKMAN Pumper Signature: Johnny Sparkman

Your certification and NMEDC approval of this form does not allow the operator to assume that the existence of the pit or tank constitutes ground water or otherwise endanger public health or the environment. Nor does it allow the operator to disclaim liability for compliance with any other federal, state, or local laws and/or regulations.

Approved: MAY 18 2004

Date: _____

Printed Name/Title: *John Sparkman*

NOTIFY O.C.D. PRIOR
TO CONSTRUCTION OF
PIT(S).

Pit(s) must meet all
requirements of Rule
19.15.2.50.