

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. 30-015-05182
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC029395B
7. Lease Name or Unit Agreement Name TURNER B
8. Well Number #2
9. OGRID Number 14591
10. Pool name or Wildcat GRAYBURG JACKSON;SR-Q-G-SA

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other --- Water Injection Well <input type="checkbox"/>
2. Name of Operator Merit Energy Company
3. Address of Operator 13727 Noel Road, Suite 500, Dallas, Texas, 75240

4. Well Location Unit Letter M: 660 feet from the SOUTH line and 660 feet from the WEST line Section 17 Township 17S Range 31E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3693' GR
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Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL. <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	

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.

TURNER B # 2 WATER INJECTION WELL FAILED ITS ANNUAL IMIT ON 5/02/2005. A COILED TBG CLEANOUT WAS PERFORMED TO BRING INJECTION PRESSURES BACK WITHIN ACCEPTABLE LIMITS.

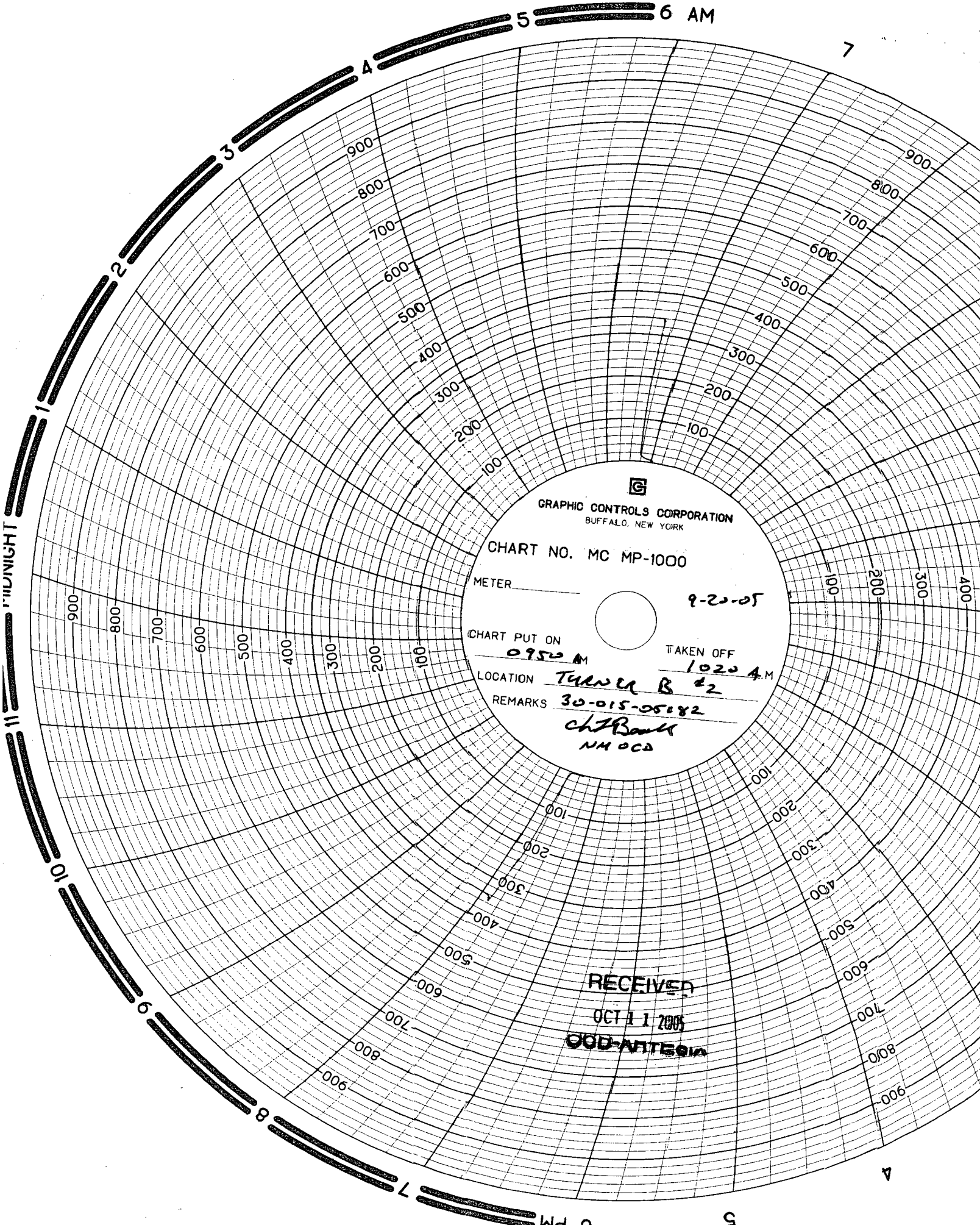
- 9/03/2005: 1400 PSI. MIRU CUDD COILED TBG. RIH W/ 1-1/4" JET NOZZLE. TAG BRIDGE @ 3388'. FELL THRU & RAN TO 3405'. CIRCULATE HOLE CLEAN. TOOH. RDMO CUDD.

- 9/20/2005: PERFORMED MIT TO VERIFY WELL INTEGRITY. SUCCESSFUL CHART INCLUDED WITH THIS DOCUMENT.

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 Larry M. Sanders TITLE Sr. Reg. Analyst DATE 10/5/05
Type or print name LARRY M. SANDERS E-mail address: _____ Telephone No. 972-628-1610
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

CHART NO. MC MP-1000

METER _____

9-22-05

CHART PUT ON

0950 AM

TAKEN OFF

1020 AM

LOCATION

Turner B #2

REMARKS

30-015-05182

Chit Bank
NM OCA

RECEIVED

OCT 11 2005

OOD-ANTENNA