Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			May 27, 2004 WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			-015-27353	
District III	1220 South St. Francis Dr.			Indicate Type of Lease STATE F	EE 🗍
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505			State Oil & Gas Lease N	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
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.)				7. Lease Name or Unit Agreement Name West H E B	
1. Type of Well: Oil Well Gas Well Other				8. Well Number 56	
2. Name of Operator Merit Energy Company	•	NOV 29 20	07	OGRID Number	
3. Address of Operator 13727 Noel RD. Ste 500, Dallas, T.				Pool name or Wildcat ayburg Jackson;	
4. Well Location					
Unit Letter:_1205' fe					
Section 3 Township T-17-S Range R-31-E NMPM County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
Pit or Below-grade Tank Application or Closure					
	terDistance from nea	rest fresh water	well Distance	from nearest surface water_	
Pit Liner Thickness: mil	Below-Grade Tank: Vol	ume	bbls; Constru	ction Material	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN	TENTION TO:	1	SUBSEC	QUENT REPORT (Ͻ F ·
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR				a\	IG CASING □
TEMPORARILY ABANDON	CHANGE PLANS		OMMENCE DRILLIN	<u> </u>	
PULL OR ALTER CASING	MULTIPLE COMPL		ASING/CEMENT JOI	B 📙	
OTHER:			THER:		
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.					
or recompletion.					
Clean out scale build up Acidize w/ 3300 bbls of 15% HCL					
I hereby certify that the information a	bove is true and complet	e to the best of	of my knowledge and	belief. I further certify th	at any pit or below-
grade tank has been/will be constructed or c					
SIGNATURE TO STATE OF THE STATE		ΓΙΤLEReg	ılatory Analyst	DATE_11/26/07	7
Type or print name Kristin Hodge	E-mail address:	Kristin.Hodg	e@meritenergy.com	Telephone No. 972-62	28-1467
For State Use Only					DEC 0 9 2007
APPROVED BY: FOR RI Conditions of Approval (if any):	ECORDS ONLY	FITLE		DATE_	