Submit 3 Copies To Appropriate District	State of New Mexico		Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240			VELL API NO.
- District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	11	0-015-28264
		. 15.	Indicate Type of Lease STATE FEE
District III 1000 Rio Brazos Rd., Aztec, NM 87410.	ig obc " Santa Fe, NM	87505 - 6-	State Oil & Gas Lease No.
1220.S. St. Francis Dr., Santa Fe, NM 87505			State Off & Oas Dease 110.
LOST CHAPLES SUNDRY NOTICE	ES AND REPORTS ON WEI	LS C. AMPROENERS 7.	Lease Name or Unit Agreement Name
(DO NOT USE: THIS FORM FOR PROPOSADIFFERENT RESERVOIR. USE. "APPLICA"	LS TO DRILL OR TO DEEPEN OR	PLUG BACK TO AM DISH W	Vest H:EB
PROPOSALS)	TION TORTERANT (TORM C-101		[] witeking overlie []
1. Type of Well: Oil Well G	as Well Other	10V	Well Number (174%) (1)
2. Name of Operator		NOV 29 Zuui 9.	OGRID Number
Merit Energy Company	 0	CD-ARTESIA	
3. Address of Operator	75040		0. Pool name or Wildcat
13727 Noel RD. Ste 500, Dallas, TX	75240	· 'G	rayburg Jackson;
4. Well Location			
Unit Letter : _686' feet from the _N _ line and _654'feet from the _W line			
Section 4 Township T-17-S Range R-31-E NMPM County Eddy			
	11. Elevation (Show whether I	DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application ☐ or C	3626' GR	, , , , , , , , , , , , , , , , , , , ,	
		sh water well Distance	o from powert curfore water
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			
Pit Liner Thickness: mil	Below-Grade Tank: Volume		
12. Check Ap	propriate Box to Indicate	e Nature of Notice, Re	port or Other Data
NOTICE OF INT	ENTION TO	SUBSE	QUENT REPORT OF:
			ALTERING CASING
PERFORM REMEDIAL WORK			
PULL OR ALTER CASING A 20 10 MULTIPLE COMPLETON TO CASING/CEMENT JOB CORE AS THE GREAT VICTOR OF THE CASING A 2011			
11.07	Man and Annual to the first the first the Annual State of States and Annual States of	The second of th	
OTHER: United Bit Repair (FIX.)		OTHER:	- 1 0000 0000 0000 0000 0000 0000
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.			
Perf w 3 1/8 hsc 2 spf from 3,186' – 3,910'			
Acidize w/ 2% kcl water			
tagged fluid level 1,900' from surface			
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.			
grade tank has been/will be constructed or clo	sed according to NMOCD guidelin	es ∐, a general permit ∐ or a	n (attached) alternative OCD-approved plan
SIGNATURE AND LINE	TITLE	Regulatory Analyst	DATE_11/26/07
	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Type or print name Kristin Hodge	E-mail address: Kristir	n.Hodge@meritenergy.con	n Telephone No. 972-628-1467
For State Use Only FOR	records only		-
			D. T. DEA
APPROVED BY:	TITLE		DATE DEC 0 9 2007.
Conditions of Approval (if any):			