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State of New Mexico

Form C-103

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

OCD-ARTESIA

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Revised May 08, 2003

WELL API NO.

30-015-05066

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

H.E. West "A"

8. Well Number

# 7

9. OGRID Number

10. Pool name or Wildcat

Garyburg 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 ☒ Gas Well ☐ Other ☐

2. Name of Operator

Merit Energy Company

3. Address of Operator

P.O. Box 69 Loco Hills, NM 88255

4. Well Location

Unit Letter A : 660 feet from the N line and 660 feet from the E line

Section 4 Township 17S Range 31E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Merit Energy would like to return this well back to injection, because it is a lease line well. The process we will take is to flow the well back until we are able to rig up, go in and test the casing and then repair any downhole problems and return well to injection.

Approval Granted - Work must be completed by 12-12-03

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kevin Bracey TITLE Production Foreman DATE 11-20-03

Type or print name Kevin Bracey Telephone No (505) 891-2920

APPROVED BY [Signature] TITLE DATE 11/24/03

Conditions of approval, if any: