Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103 May 27, 2004
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 District II	Energy, Minerals and Natural Resources	WELL API NO. 30-015-05300
1301 W. Grand Ave., Artesia, NM 882407 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S St. Francis Dr , Santa Fe, NM 87505		BLM LC-029395-B
SUNDRY NOTICE	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICAT:	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A ON FOR PERMIT" (FORM C-101) FOR SUCH	Turner "B"
PROPOSALS) 1. Type of Well: Oil Well Gas	Well Other Injector	8. Well Number 067
2. Name of Operator		9. OGRID Number 14591
Merit Energy Company 3. Address of Operator		10. Pool name or Wildcat
13727 Noel Road, Suite 500 Dallas, Te	exas 75240 OCD-ARTESIA	
4. Well Location		
Unit Letter:_1650 Section 20	feet from the _south line and _660 Township 17-S Range 31-E	
	1. Elevation (Show whether DR, RKB, RT, GR, etc.	
Pit or Below-grade Tank Application ☐ or Clo		1995 PM
Pit typeDepth to Groundwater		stance from nearest surface water
Pit Liner Thickness: mil		Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
TEMPORARILY ABANDON C	LUG AND ABANDON	RILLING OPNS. P AND A
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.		
This well has been shut-in since 4/5/2007 due to pressure on the casing. Repair day is 7/9/2007. Merit Energy Company requests an additional 180 days to repair this well. Due to rig availability it will be necessary to delay the repair of the possible casing leak.		
ACCEPTED FOR RECORD		
JUL 9 2007		
Gerry Guye, Deputy Field Inspector NMOCD-District II ARTESIA		
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 Jany M. Sander TITLE Sr. Regulatory Analyst DATE 06/28/2007		
Type or print name For State Use Only	E-mail address: Te	elephone No. (972) 628-1610
APPROVED BY:Conditions of Approval (if any):	TITLE	DATE