Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources	OCT 0 5 2009 Form C-103 June 19, 2008
<u>District I</u> 1625 N. French Dr , Hobbs, NM 88240 District II		WELL API NO. 30-015-28279
1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE
District IV 1220 S St Francis Dr , Santa Fe, NM 87505	Salita Fe, INIVI 87303	6. State Oil & Gas Lease No. LC 029435-B
SUNDRY NOTICE	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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 X Other		J L Keel B
		8. Well Number 077
2. Name of Operator	s wen A Other	9. OGRID Number 14591
Merit Energy Company		
3. Address of Operator 13727 Noel Rd. Suite 500 Dallas, Tex	as 75240	10. Pool name or Wildcat Grayburg-Jackson
4. Well Location		Grayoung suckson
	1930feet from theN line and	d714feet from theEline
Section 8	Township 17S Range 31E	NMPM Eddy County
	1. Elevation (Show whether DR, RKB, RT, GR,	etc.)
12. Check Ap	propriate Box to Indicate Nature of Noti	ce, Report or Other Data
NOTICE OF INTE	ENTION TO:	UBSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL W	
•	* ** ** * * * * * * * * * * * * * * *	DRILLING OPNS. P AND A
PULL OR ALTER CASING N	MULTIPLE COMPL . CASING/CEN	IENT JOB
OTHER: TURN WELL TO		s, and give pertinent dates, including estimated da
		: Attach wellbore diagram of proposed completion
or recompletion.		
Upon completion of laying injection lin	e Merit Energy Company is planning to turn the	e well to injection. A successful MIT was run and
	. Injection Order was issued by NMOCD Case	
		<u> </u>
Spud Date:	Rig Release Date:	
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I hereby certify that the information abo	ove is true and complete to the best of my know	ledge and belief.
and the second second		-
SIGNATURE Jun Moon	TITLE REGULATORY	MANAGER DATE 10/01/09
		,
Type or print name Lywne M For State Use Only	1000 E-mail address:	PHONE: <u>971-618-1569</u>
	VAE TITLE COMPLETIVE OF	End - Inlinda
APPROVED BY: Conditions of Approval (if any):	TITLE COMPLIANCE OF	MAL DATE 10/14/09
- chamono of rippioral (if any).		

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