Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised August J, 2011	
Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88240BBS OCDOIL CONSERVATION DIVISION		WELL API NO.		
		30-025-35556 5. Indicate Type of Lease		
District III - (505) 334-6178 1220 South St. Francis Dr.		STATE X FEE		
District IV - (505) 476-3460 PEC 1 9 2011 Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
SUNDRY NOTIGIES 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 Nat State A A/C I	ne
I Type of Well: Oil Well G Gas Well X /Other			8. Well Number 131	
2. Name of Operator Merit Energy Company			9. OGRID Number 14591	
3. Address of Operator 13727 Noel Rd, Ste. 500 Dallas, TX 75240			10. Pool name or Wildcat Jalmat Tan Yates 7 Rivers	
4. Well Location	, 1980			7
Unit Letter I : 18 Section 9		line and <u>996</u>		line
	11. Elevation (Show whether DR, 3431' RKB		NMPM County Lea	
	5451 KKD			
12. Check Ap	propriate Box to Indicate Na	ature of Notice,	Report or Other Data	
NOTICE OF INTI			SEQUENT REPORT OF:	_
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR TEMPORARILY ABANDON ☒ CHANGE PLANS ☐ COMMENCE DRI				
	MULTIPLE COMPL	CASING/CEMENT	JOB 🗆	
DOWNHOLE COMMINGLE				
OTHER:	ad aparations (Clearly state all n	OTHER:	give portinent dates, including estimate	d data
). SEE RULE 19.15.7.14 NMAC		give pertinent dates, including estimate appletions: Attach wellbore diagram of	u uaic
Requesting TA extension for 2 yrs for	•	L. Gonzales at Hol	obs Office.	
Spud Date:	Rig Release Dat	e:		
I hereby certify that the information about	ove is true and complete to the best	st of my knowledge	and belief.	
SIGNATURE (TITLE Regulate	ory Analyst	DATE 12/16/2011	
				······································
Type or print name Matt Ogden For State Use Only	E-mail address:	matt.ogden@meri	tenergy.com PHONE: (972)628-160)
APPROVED BY: Wahu	Motele TITLE Low	nDlance Ot	ficer DATE 12-19-11	
Conditions of Approval: Notify (24 hours prior to running the TA	OCD district office		, , , , , , , , , , , , , , , , , , ,	