Submit 1 Copy To Appropriate District	State of New Me	xico	Form C-103	
Office <u>District I</u> – (575) 393-6161	ice Energy Minerals and Natural Passurass		Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 BBS OCD		WELL API 1		
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		DIVISION 5 Indicate T	30-025-08835	
Dissist III (505) 224 (179		ncis Dr. STAT	Type of Lease E X FEE	
1000 Rio Brazos Rd., Aztec, NM 87 NOR 19 2012 1220 South St. Francis Dr.  District IV – (505) 476-3460 Santa Fe, NM 87505			& Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM				
87505 RECEIVED		7 Lagga No.	me or Unit Agreement Name	
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		OR SUCH		
PROPOSALS.)  1. Type of Well: Oil Well Gas Well X Other		8. Well Nun	nber 26	
2. Name of Operator		9. OGRID N		
Merit Energy Company			14591	
3. Address of Operator 13727 Noel Road, Ste. 500			ne or Wildcat	
Dallas, TX	75240	JalmatTanYa	tes7-Rivers/Eunice7-RiversQueenSo	
4. Well Location				
Unit Letter B :	feet from the North	line and 1980 fee	et from the East line	
Section 8	Township 22S Ra	inge 36E NMPM	County Lea	
The second secon	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)		
12. Check	Appropriate Box to Indicate N	ature of Notice, Report or O	ther Data	
7.0.1.0.2.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			SEQUENT REPORT OF:  K □ ALTERING CASING □	
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR				
		COMMENCE DRILLING OPNS.		
PULL OR ALTER CASING		CASING/CEMENT JOB		
DOWNHOLE COMMINGLE				
OTHER:		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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion.				
Plan to drill out CIBP and commingle well.				
			-	
Spud Date:	Rig Release Da	nte:		
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			_	
I hereby certify that the information	above is true and complete to the be	est of my knowledge and belief.		
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rfold			D . TTD 0.4/4 c/00.40	
SIGNATURE	TITLE Regula	tory Analyst	DATE <u>04/16/2012</u>	
Time or wint name Matt Orden	E mail address	s: matt.ogden@meritenergy.com	PHONE: (972)628-1603	
Type or print name Matt Ogden For State Use Only	E-man address	. man.ogden@mernenergy.com	1110112. (712)020-1003	
To State Ost Only	フ // / ー			
APPROVED BY	TITLE T	AN MAZ	DATE 4-19-2012	
Conditions of Approval (if any):	<u> </u>			
/ 2			APR 1 9 2012	
	•		AFIL .	