Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-28275 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE X FEE
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name State A A/C 2
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			State A 70'C 2
PROPOSALS.) 1. Type of Well: Oil Well	Vell Gas Well X Other WIN HOBBS OCD		8. Well Number 66
2. Name of Operator Merit Energ		UL 2 4 2014	9. OGRID Number
3. Address of Operator 13727 No		OL 2 4 2014	10. Pool name or Wildcat
Dallas, Te	xas 75240	BEARN INC	Eunice Farves Queen-South
4. Well Location		RECEIVED	
Unit Letter F	: 1345 feet from the North	line and 134	feet from the West line
Section 9		ange 36E	NMPM County Lea
	11. Elevation (Show whether DR	, RKB, RT, GR, etc.	
	3565' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF I	NTENTION TO:] PLUG AND ABANDON □	REMEDIAL WOR	SSEQUENT REPORT OF: RK
TEMPORARILY ABANDON		ILLING OPNS. P AND A	
PULL OR ALTER CASING		CASING/CEMEN	
DOWNHOLE COMMINGLE			
OTHER:	П	OTHER: Annual	MIT 🕅
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.			
07/09/14 Performed MIT test.			
Spud Date:	Rig Release D	pate.	· ·
Spad Bate.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	TITLE Regul	atory Manager	DATE 07/24/2014
			, ,
Type or print name Lynne Moon	E-mail addres	ss: <u>lynne.moon@m</u>	eritenergy.com PHONE: (972)628-1569
For State Use Only	0		- 4
APPROVED BY: Sillx	Sunamake TITLE S	Stuff Mana	DATE 8/6/2014
Conditions of Approval (if any):		,	

FOR RECORD ONLY AUG 0.6 2014

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