

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-35448
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE XX <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MERIT II
8. Well Number 1
9. OGRID Number 3659
10. Pool HOUSE DRINKARD,S HOUSE BLINEBRY, HOUSE TUBB

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 PROPOSALS.)	
1. Type of Well: Oil Well XXX <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator CAPATAZ OPERATING, INC	
3. Address of Operator PO BOX 10549, MIDLAND, TX 79702	
4. Well Location Unit Letter _____ G : _____ 1980 _____ feet from the _____ NORTH _____ line and _____ 1980 _____ feet from the _____ EAST _____ line Section 11 Township 20S Range 38E NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3574 GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: SET CAST IRON BRIDGE PLUG	XXXXX

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.

DHC #3765

TD 7720"

CASING 5-1/2" @ 7720'

8-5/8" @ 1633'

TOC 3300'

TOC CIRCULATED

PERFS: HOUSE ABO 7376-7560  
HOUSE DRINKARD 7028-7034  
HOUSE TUBB 6753-6796  
S HOUSE BLINEBRY 6031-6130

OPERATOR WILL MIRU PU. PULL TBG, RODS & PUMP. WIRELINE SET CIBP @  $\pm 7200'$ . SPOT 5 ON TOP OF CIBP. RERUN TBG, PUMP & RODS AND RETURN WELL TO PUMPING.

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 \_\_\_\_\_ TITLE \_\_\_\_\_ AGENT \_\_\_\_\_ DATE 10/30/06 \_\_\_\_\_

Type or print name H SCOTT DAVIS E-mail address: capataz1@sbcglobal.net Telephone No. 432-620-8820

For State Use Only

APPROVED BY: Harry W. Wink TITLE: OC FIELD REPRESENTATIVE II / STAFF MANAGER DATE: \_\_\_\_\_

Conditions of Approval (if any):

NOV 22 2006

