Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
	Energy, Minerals and Natural Resourc	es October 13, 2009 WELL API NO.
1625 N. French Dr., Hobbs, NORTH District II		30-025-27901
1301 W. Grand Ave. Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	3. Indicate Type of Lease
1000 D. D. D. L. A. W. N. M. 97410		STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES A	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		8. Well Number 2
2. Name of Operator Merit Energy Company		9. OGRID Number / 14591
3. Address of Operator 13727 Noel Rd. Suite 500		10. Pool name or Wildcat
Dallas, Texas 75240		Antelope Ridge Atoka (Gas)
4. Well Location		t coo
Unit Letter P: 660 feet from the S line and 990 feet from the E line		
Section 10 Township 23S Range 34E NMPM CountyLea 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
11. Elevation (Show whether DR, RRD, RT, OR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
FERT ONLY REMEDIAL WORK		
TEMPORARIEI ADANDON		
PULL OR ALTER CASING MU DOWNHOLE COMMINGLE	CASINO/C	EMENT OOD
BOWNINGE GOISSIMM COLD		
OTHER:	OTHER: C	hange Oil Transporter effective 05/01/10
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.		
Merit Energy Company is changing the oil transporter effective 05/01/10 to:		
Enterprise Products Company Transporter OGRID: 100347		
1100 Louisiana Street Suite 1000		
Houston, Texas 77002		,
	•	
Spud Date:	Rig Release Date:	
I hereby certify that the information above	is true and complete to the best of my kn	owledge and belief.
SIGNATURE Segue NOO	TITLE Regulatory Manage	DATE <u>04/15/2010</u>
Type or print name Lynne Moon	E-mail address: <u>lynne.mo</u>	on@meritenergy.com PHONE: (972)628-1569
For State Use Only		
APPROVED BY:		
Conditions of Approval (if any):		
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