Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-10	
District I 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO. /	<u>09</u>
District II	OIL CONSERVATION DIVISION		30-025-09283	
1301 W Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd , Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	\dashv
1220 S St Francis Dr , Santa Fe, NM 87505	20 S St Francis Dr , Santa Fe, NM		024669	
SUNDRY NOTICES 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		State A A/C 1		
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other		8. Well Number 11		
2. Name of Operator			9. OGRID Number	
Merit Energy Co. 3. Address of Operator			10. Pool name or Wildcat	
13727 Noel Rd, Suite 500 Dallas TX 75240		Jalmat Tansil, Yts 7 Rvrs		
4. Well Location				
Unit LetterN:	660feet from theSouth	line and19		/
Section 9	11. Elevation (Show whether DR,	Range 36E RKB, RT, GR, etc.)	NMPM Lea County ✓	
	GL 3494			
12. Check	Appropriate Box to Indicate N	ature of Notice, l	Report or Other Data	
NOTICE OF IN	ITENTION TO:	SUBS	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				
TEMPORARILY ABANDON]
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MOLTIPLE COMPL []	CASING/CEMENT	JOB [
_	N7	OTUED.	_	7
OTHER: Test for TA Status 13. Describe proposed or comp		OTHER: pertinent details, and		⊥_ late
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or recompletion. Test Date: 6-11-10 Time: 7:00 AM			RECEIVED	
1.Load csg w/ packer fluid.2. Pressure test csg to 500# for 30 m	nimutes (Plug set @ 3075')		JUN : 0 2010	
3. Record test on chart.			HOBESUCL	
4. Turn in chart and subsequent C10	3 for 6 month TA extension.			
Spud Date:	Rig Release Da	ite:		
	Condition of Appro	val: Natify OCD L	Johns	
	Condition of Appro office 24 hours price	•		\
I hereby certify that the information	above is true and complete to the be	est of my knowledge	and belief.	
1-1	Zieh TITLE P			
SIGNATURE (1001)	TITLE P	roduction Foreman_	DATE 6-9-10	
Type or print nameJoel Sisk E-mail address: _joel.sisk@meritenergy.com PHONE: 575-394-2574				
For State Use Only				
APPROVED BY:	ngaler TITLE ST	Aff M	22 DATE 6-14-12	2
Conditions of Approval (if any):	1		,	