

Submit 1 Copy 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

RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

FEB 15 2011

HOBBSUCD

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

WELL API NO. 30-025-09282
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State A A/C 1
8. Well Number 12
9. OGRID Number 14591
10. Pool name or Wildcat Jalmat Tansill Yates 7 Rivers

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator
Merit Energy Company

3. Address of Operator
13727 Noel Rd. Suite 500 Dallas, Texas 75240

4. Well Location
Unit Letter O : 660 feet from the S line and 1980 feet from the E line
Section 9 Township 23S Range 36E NMPM. Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: Request TA Status ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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.

1. Load csg. w/pkr. fluid.
2. Pressure test csg. to 500# for 30 mins. (Plug set @ 3100')
3. Record test on chart.
4. Request TA status.

DENIED

Well must be put
on Production OR P/A's
ECG 2-16-2011

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Lynne Moon

TITLE Regulatory Manager

DATE 02/11/2011

Type or print name Lynne Moon

E-mail address: lynne.moon@meritenergy.co PHONE: 972-628-1569

For State Use Only

APPROVED BY: _____

TITLE _____

DATE _____

Conditions of Approval (if any): _____