Office Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	October 13, 2009
District II		WELL API NO. 30-025-30999
District III		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 8744EB 15 2011 1220 South St. Francis Dr. District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 87505 SUNDRY NOTICES AND REPORTS ON WELLS		STATE A FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505	SOCO Sama 1 6, 14W 67303	6. State Oil & Gas Lease No.
SOURCE AND KEROKISON 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.)		State A A/C 1
1. Type of Well: Oil Well Gas Well Other		8. Well Number 123
2. Name of Operator Merit Energy Company		9. OGRID Number
3. Address of Operator		10. Pool name or Wildcat
13727 Noel Rd. Suite 500 Dallas, Texas 75240		Jalmat Tansill Yates 7 Rivers
4. Well Location		
0 .:	feet from the S line and	
Section 9 Township 23S Range 36E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	3485' GL	etc.)
12. Check App	ropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		DRK
TEMPORARILY ABANDON		PRILLING OPNS. □ PAND A □
DOWNHOLE COMMINGLE	ULTIPLE COMPL CASING/CEME	ENT JOB
Democrate Manager (•
OTHER: Request TA Status	☐ OTHER:	D₹
of starting any proposed work). proposed completion or recomp	SEE NOLE 13.13./ 14 INMAL. For Multiple (and give pertinent dates, including estimated date Completions: Attach wellbore diagram of
l. Load csg. w/pkr. fi		1
2. Pressure test csq.	to 560# for 30 mins. (Plug set @ 29	001)
3. Record test on char	t.	
4. Request TA status.		Jea Must be put on a Roduction OR PlA'D
_	/1.	Jec Must be plat on
		2 duction OR PlA'D
		300041.01
	1	
		9 2-16-2011
Spud Date:	Rig Release Date:	
<u> </u>		
hereby certify that the information I		
nereby certify that the information above	is true and complete to the best of my knowled	ge and belief.
NONATURE A		
SIGNATURE Sign of 100	TITLE Regulatory Manager	DATE_02/11/2011
Sype or print name Lynne Moon For State Use Only	E-mail address: lynne.moon@m	eritenergy.coMHONE: 972-628-1569
state ose only		
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		
		⋖