Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-08829 5. Indicate Type of Lease
LYISUICU III	1220 South St. Francis Dr.	STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, MAY 1	6 2011	302433
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR TRECENCE) O DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		State A/C 2
1. Type of Well: Oil Well X	Gas Well Other	8. Well Number 3
2. Name of Operator Merit Energy Company		9. OGRID Number 14591
3. Address of Operator 13727 Noel Rd. Ste 500		10. Pool name or Wildcat
Dallas, TX 75240		Jalmat Tan Yates 7 Rivers/Eunice 7 Rivers Queer
4. Well Location		- Juniar Tun Tutes / Rivers/Bunnee / Rivers Queen
	1980 feet from the North line and 19	980 feet from the East line
Section 08	Township 22S Range 36E	NMPM CountyLea
Section 08	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3593' DF	
12 Check	Appropriate Box to Indicate Nature of Notice	Report or Other Data
12. Check I	Appropriate Box to indicate Nature of Notice	, Report of Other Data
NOTICE OF IN	NTENTION TO: SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DF	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER: Downho	ole Commingling
	pleted operations. (Clearly state all pertinent details, arork). SEE RULE 19.15.7.14 NMAC. For Multiple Completion	
	completion.	
See attached wellbore diagram.		
		sp ^{rr}
Spud Date:	Rig Release Date: 04/25/2011	*
Spud Date:	Rig Release Date: 04/25/2011	x ·
Spud Date:	Rig Release Date: 04/25/2011 DHC- 4329	x ·
	Rig Release Date: 04/25/2011 DHC— 4329 above is true and complete to the best of my knowledge	
	DHC-4329	
hereby certify that the information	above is true and complete to the best of my knowledge	ge and belief.
hereby certify that the information	DHC-4329	
I hereby certify that the information	above is true and complete to the best of my knowleds TITLE Regulatory Analyst	ge and belief. DATE 04/11/2011
I hereby certify that the information SIGNATURE Type or print name Matt Ogden	above is true and complete to the best of my knowleds TITLE Regulatory Analyst	ge and belief.
I hereby certify that the information SIGNATURE Type or print name Matt Ogden	above is true and complete to the best of my knowleds TITLE Regulatory Analyst E-mail address: matt.ogden@me	DATE 04/11/2011 PHONE: (972)628-1603
Spud Date: I hereby certify that the information SIGNATURE Type or print name Matt Ogden For State Use Only APPROVED BY:	above is true and complete to the best of my knowleds TITLE Regulatory Analyst	DATE 04/11/2011 PHONE: (972)628-1603