Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103 Revised March 25, 1999		
Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources			WELL API NO. 30-025-31		
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION			5. Indicate Type		
District III	2040 South Pacheco			STATE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505				Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505				B-906-3		
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 (A) Other				7. Lease Name or Unit Agreement Name: Ranger		
				8. Well No.		
2. Name of Operator Merit Energy Company				20		
3. Address of Operator 12222 Merit Dr. Suite 1500 Dallas, Texas 75251				9. Pool name or Wildcat W. Ranger Lake (Devonian)		
	e 1500 ballas, le	Exas 134		W. Ranger D.		
4. Well Location Unit Letter D	810 feet from th	e_North	line and	660 feet fr	om the West line	
Section 26	Township	12S P	inge 34E	NMPM	County Lea	
Section 26	10. Elevation (Show	whether D	<u> </u>			
11 61 1	4151		oturo of Notice	Penart or Othe	r Data	
II. Check	Appropriate Box to INTENTION TO:	naicate in	ature of Notice,	SEQUENT R	FPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ON 🗆	REMEDIAL WOR	_	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS			RILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING [MULTIPLE COMPLETION		CASING TEST A CEMENT JOB		_	
OTHER:					perforations X	
Describe proposed or complete of starting any proposed work or recompilation.	eted operations. (Clearly k). SEE RULE 1103. Fo	state all pe or Multiple	rtinent details, and Completions: Atta	give pertinent date ch wellbore diagra	s, including estimated date m of proposed completion	
12836' - 8/22/96 Swab tes	Wireline. Perfo 12848' (1 spf). ting.	orate 128 RD Wedg	316' - 12822' ge Wireline.	; 12824 ' - 12	828';	
8/23/96 Put well	on production.					
I hereby certify that the informat	ion above is true and con	plete to the	best of my knowle	dge and belief.		
SIGNATURE	Noon	TITLE_	Regulatory		DATE8/26/99	
Type or print name Lynne	Moon			Те	lephone No. 972-383-6569	
C = C(4:)					_	
(This space 100 mass) Significant CARY WILLIAM STORY		TITLE			date_ <i>9-10-99</i>	
APPPROVED BY FIGARY W	MIN ↑	1111111_				

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