Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office		Noodoo Departiem	Revised 1-1-89	
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.	
DISTRICT II	Santa Fe, New Mexico 87504-2088		30-025-11425	
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE 2	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		interest (in the second seco	6. State Oil & Gas Lease No.	
SUNDRY NOTI	CES AND REPORTS ON V	VELLS		
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVANCE (FORM C	DPOSALS TO DRILL OR TO DEEP RVOIR. USE *APPLICATION FOR -101) FOR SUCH PROPOSALS.)	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well:	. 2			
MEIT MEIT	OTHER Wate	er Injection Well	Humphrey Queen Unit	
2. Name of Operator			8. Well No.	
Merit energy Company 3. Address of Operator			9	
-	uito 1500 Dollos TS	75054	9. Pool name or Wildcat	
122222 Merit Drive, S	lite 1500, Dallas, 1x	70701	Langlie Mattix 7 Rivers Quee	
Unit Letter F: 175	Test From The North	Line and 2310	Feet From The West L	
Section 3	Township 25S	075		
		Range 3/E her DF, RKB, RT, GR, etc.)	NMPM Lea County	
	///// 3146 GR			
11. Check A	Appropriate Box to Indicate	te Nature of Notice, R	Leport, or Other Data	
NOTICE OF INT	ENTION TO:	SUE	SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	_		
	CHANGE PLANS	COMMENCE DRILLING	G OPNS. UPPLUG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND C		
OTHER:		OTHER: Pressur	e Test	
Pressure Test done aft Csg. Press.: 320			ding estimated date of starting any proposed	
Tbg Press.: 0				
Chart attached.				
Chart attached.				
I hereby certify that the information above is true	and complete to the best of my knowledge	and being.		
SKONATURE STORY			Manager	
JOHN LURE	The same of the sa	mile ANGULATOLY I	Manager DATE11-1()-95	
TYPE OR PRINT NAME			TELEPHONE NO.	
(Thus space for State Use) ORIGINAL SIGNED DISTRICT I S			NOV 1 6 1995	
APPROVED BY DISTRICT 13	OI ER VISOR	mue	DATE	

CONDITIONS OF APPROVAL, IF ANY:

MP

