State of New Mexico

	STATE OF LIEM MISTISCO					
Ener,	Ainerals .	and Natural	Resources	Departmen		

to Appropriate District Office	Ener, Ainerals and Natural Resources Department		Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		88	WELL API NO. 30-025-23298		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		6. State Oil & Gas Lease No.			
SUNDRY NO	TICES AND REPORTS ON WE				
DIFFERENT RESE (FORM	PROPOSALS TO DRILL OR TO DEEPER BERVOIR. USE "APPLICATION FOR PE I C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name			
1. Type of Well: Oil GAS WELL GAS WELL	OTHER Water	injection well	Langlie Mattix Queen Unit		
2 Name of Operator Merit Energy Comp	ipany		8. Well No.		
3. Address of Operator	Cuita 1500 Dallas	75054	9. Pool name or Wildcat		
4. Well Location	re, Suite 1500, Dallas, '	1exas /5251	Langlie Mattix 7 Rivers Queen		
Unit Letter $L: 14$	Feet From The South	Line and1220	Feet From The West Line		
Section 11	Township 25S R	ange 37E	NMPM Lea County		
	10. Elevation (Show whether 3110' GR	DF, RKB, RT, GR, etc.)			
11. Check	Appropriate Box to Indicate	Nature of Notice, Re	eport, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	_	CASING TEST AND CE			
OTHER:			TA X		
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent details, a	nd give pertinent dates, includ	ting estimated date of starting any proposed		
wire line. Set 5 1/2 Run in hole with 1 J	'2" CIBP at 3050". Cappe T 2 3/8" tubing. Nipple	ed with 20' of c e up well head.	JT 2 3/8" tubing. Rig up ement. Rig down wire line. Rig up pump truck. Loaded nutes. Test OK. Rig down		
This Approval o Abandonment Exp	of Temporary 9-1-,200	C			
I hereby certify that the information above is tru	rue and complete to the best of my knowledge and				
SIGNATURE SIGNATURE	The state of the s	Regulatory Ma	nager 11-14-95		
TYPE OR PRINT NAME Shery 1 J.	Carruth		TELEPHONE NO. 214-701-8377		
(This space for State Use) RIGINAL SIGN	IED SEXTON				
DISTRICY	(I SUPERVISOR		DATE NOV 2 2 1995		
APTROVED BY	m	LE	DATE OUT & C. ISSI		

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