

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM Oil and Gas  
Altesia, NM 88210

TE  
02

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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—" for such proposals.)

RECEIVED

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Merit Energy Company

OCT 4 '90

3. ADDRESS OF OPERATOR  
12221 Merit Dr. Ste#1040, Dallas, TX 75251

A.C.D.  
OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface

NE 1/4 of NE 1/4

5. LEASE DESIGNATION AND SERIAL NO.

NMNM-18213

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Suzanne Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Pecos Slope Abo, South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 23 T10S R25E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other)   
PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other)   
REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*



18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Prod./Req. Administrator

DATE 9-27-90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DATE [Signature]  
OCT 4 1990

\*See Instructions on Reverse Side