

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

Type of Well

Oil ☐ Gas ☐
Well ☒ Well ☐ Other ☐

Name of Operator

Merit Energy Company

Address and Telephone No.

2222 Merit Drive, Suite 1500, Dallas, TX 75251 (214) 701-8377

Location of Well (Footage, Sec., T., R., M., or Survey Description)

NE SW
SEC. 1, T-25N, R-5W
370' FSL & 1440' FWL

5. Lease Designation and Serial No.

JIC 145

6. If Indian, Allottee or Tribe Name

Jicarilla Apache

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Jicarilla "K" 10E

9. API Well No.

30-039-25393

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

Rio Arriba, New Mexico

2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Acidize
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

3. Describe Proposed or Completed Operations (Clearly state all pertinent detail, 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.)*

See attached report of daily operations.

Rec. 6-2-95
OCD

I hereby certify that the foregoing is true and correct

Signed [Signature]

Title Regulatory Manager

Date 5/4/95

This space for Federal or State office use)

Sol Chief, Lands and Mineral Resources

JUN 2 1995

Approved by [Signature]

Title _____

Date _____

Conditions of approval, if any:

18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

***See Instructions on Reverse Side**