

UNITED STATES NM Oil **DEPARTMENT OF THE INTERIOR**
BUREAU OF LAND MANAGEMENT
Alamogordo, NM 88210

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

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

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

SW 1/4 of NW 1/4

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.
NMNM-34649

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SU 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. 9 T9S R25E

12. COUNTY OR PARISH
Chaves

13. STATE
NM

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

NOTICE OF INTENTION TO:

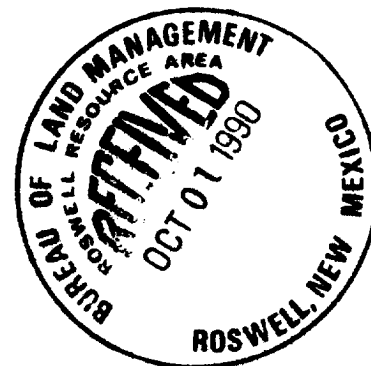
SUBSEQUENT REPORT OF:

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

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) **Change of Operator** ☒

(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./Reg. Administrator**

DATE **9-27-90**

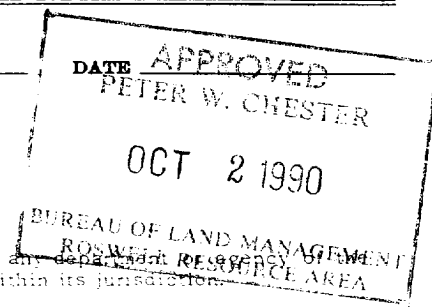
(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**



00000000

00000000

00000000

