

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT TO DRILL
(Other Instructions
on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0559993

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MM Federal

9. WELL NO.

5 & 6

10. FIELD AND POOL, OR WILDCAT

Pecos Slope Abo

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

1.

OIL WELL ☐ GAS WELL ☒ OTHER

RECEIVED

2. NAME OF OPERATOR

Merit Energy Company

JUN 15 1992

3. ADDRESS OF OPERATOR

12221 Merit Drive, Suite 500, Dallas, TX 75251

O. C. D.
ARIZONA OFFICE

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

See Below

1980/5 660/E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH

Chaves

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Off Lease Measurement

X

(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.)

Merit Energy Company is requesting approval for off lease measurement for the following wells. This request is being made as the prior operator, McClellan Oil Corporation, never requested approval.

MM Federal #5 Sec. 25, T9S, R25E 1650' FNL & 660' FWL
MM Federal #6 Sec. 26, T9S, R25E 1980' FSL & 660' FEL

See attachment



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

SIGNED Sherry J. Gault TITLE Regulatory Manager

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 5-5-92

APPROVED
PETER W. CHESTER
DATE

JUN 10 1992

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side