

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MINERAL OIL CONS COMMISSION
Artesia, NM BLM Bureau No. 1004-1035
DD FORM APPROVED
Expires: March 31, 1993

CLST

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

| | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 7. If Unit or CA, Agreement Designation North Benson Queen Unit |
| 2. Name of Operator Merit Energy Company | 8. Well Name and No. North Benson Queen #9 |
| 3. Address and Telephone No. P.O. Drawer NN - Jal, NM 88252 (505)395-2173 | 9. API Well No. 30-015-10101 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL - 1980' FEL, SEC 28 F, T18S, R30E | 10. Field and Pool, or Exploratory Area Benson Queen Grayburg |
| | 11. County or Parish, State Eddy, New Mexico |

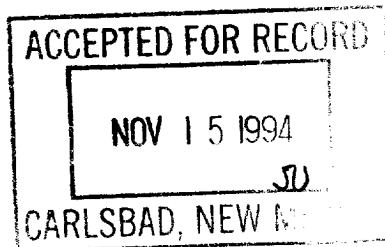
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

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

13. 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.)*

AS PER THE SUNDRY FILED PREVIOUSLY THE WORK ON REPAIRING THE CASING ON THIS WELL WILL COMMENCE NO LATER THAN JUNE 1, 1995.



RECEIVED
NOV 8 11 54 AM '94
CARLSBAD, NEW MEXICO
C. C. D.
ARTESIA, OFFICE

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

Signed

[Signature]

Title West District, Operations Supt

Date 12-Oct-94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

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