

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1. ONE COPY OF THIS FORM
IS TO BE
SUBMITTED TO THE
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

5. Lease Designation and Serial No.

8910124100 *N/M033775*

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Injection

2. Name of Operator

Merit Energy Company

3. Address and Telephone No.

12221 Merit Drive, Suite 500, Dallas, TX 75251 (214) 701-8377

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

330' FSL & 330' FEL, Sec. 28, T18S, R30E
Unit Letter P

7. If Unit or CA, Agreement Designation

8. Well Name and No.

North Benson Queen #23

9. API Well No.

30-015-10193

10. Field and Pool, or Exploratory Area

Benson Queen Grayburg, N

11. County or Parish, State

Eddy Co., NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Repair Packer

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results 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.)*

Unset packer and POOH. Set plug and tested casing. Tested OK. RIH w/new packer and set at 2770'.
Tested backside of casing. Witnessed by Johnny Robinson OCD

RECEIVED
SEP 21 11 01 AM '93
CART AREA
OCT 20 1993
8 1993

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

Signed Sherry J. Caruth Title Regulatory Manager

Date 9-21-93

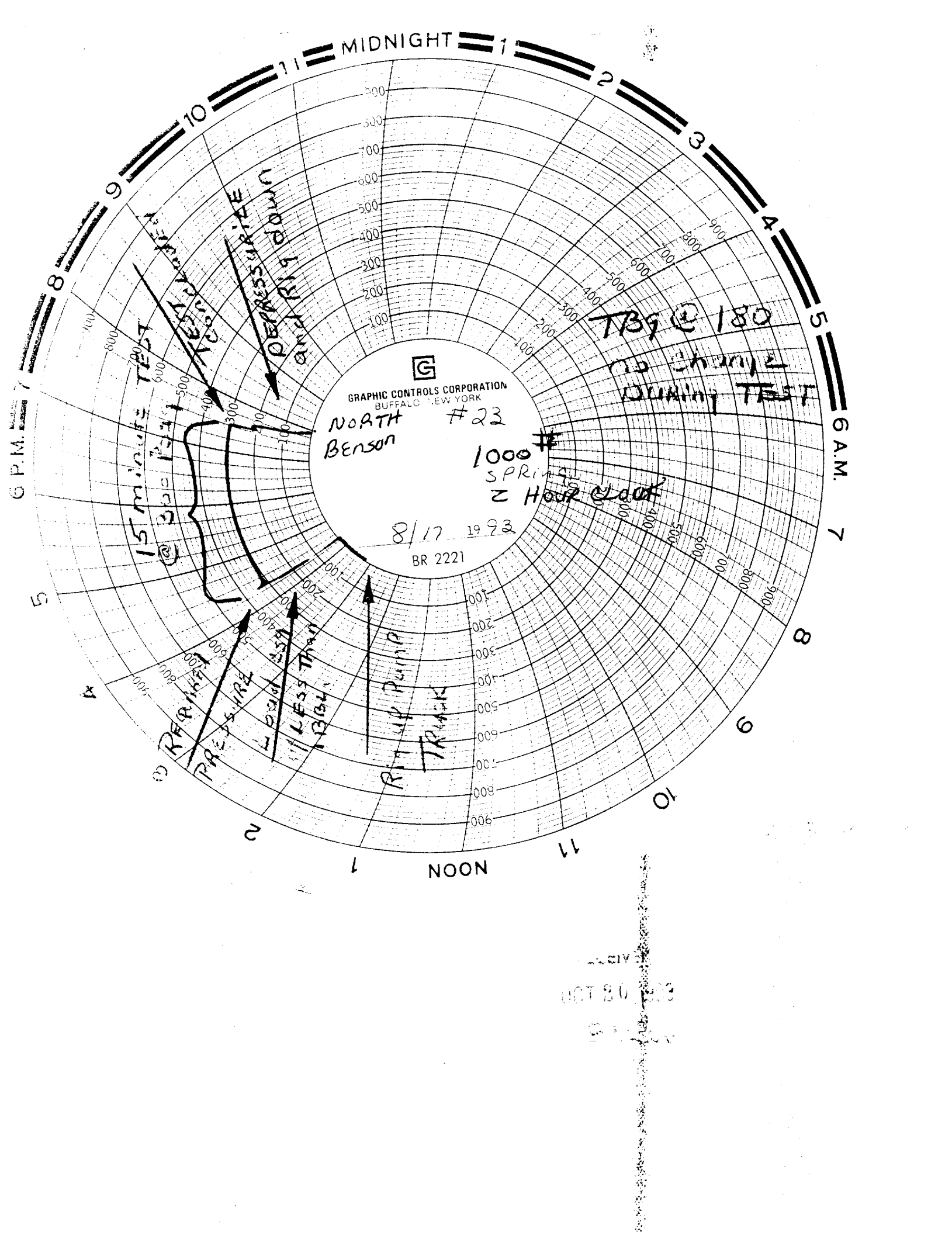
(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date



OCT 20 1993