

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
 (Other instructions
 verse side)

Budget Bureau No. 1004-0135 *dsf*
 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 formation. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		MAY - 6 1992	
2. NAME OF OPERATOR MERIT ENERGY COMPANY ✓		O. C. D. OFFICE	
3. ADDRESS OF OPERATOR 12221 MERIT DRIVE, SUITE 500 DALLAS, TEXAS 75251			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SE 1/4 OF NE 1/2 2-2-1N 160/E			
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3183 GR		
5. LEASE DESIGNATION AND SERIAL NO. NMNM77956 <i>Contt</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM-1531	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME FEDERAL 4 COM	
9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT BURTON FLAT (ATOKA)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 215 27E		12. COUNTY OR PARISH EDDY	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) RECOMPLETION <input checked="" type="checkbox"/>		(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.)*

WELL IS CURRENTLY COMPLETED IN THE ATOKA RESERVOIR FROM 1059'-10606'.
 WE WANT TO RECOMPLETE UPHOLE TO THE STRAWN RESERVOIR FROM 10348'-10360'.

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

SIGNED *Sherry J. Smith* TITLE REGULATORY MANAGER DATE 4-13-92

(This space for Federal or State office use)

APPROVED BY *Salimah* TITLE *Salimah* DATE 5/5/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side