

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

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

15F

RECEIVED

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.  
"APPLICATION FOR PERMIT" for such proposals.)

1. WELL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. NAME OF OPERATOR Merit Energy Company	3. ADDRESS OF OPERATOR 12221 Merit Drive, Suite 500, Dallas, TX 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 1/4 W. I - 2787' FNL & 860' FEL	5. LEASE DESIGNATION AND SERIAL NO. NMNM77956 NM 1531	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	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 Sec. 4 T21S R27E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3182 GR											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Plugged the Atoka zone	

(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.) \*

4-27-92 RU Kill truck pump 45 Bbl's 2% KCL to Kill. RD Kill truck. ND wellhead. NU BOP. Worked on getting off of Baker model DB pkr. Failed. RU Kill truck. Pumped 20 barrels 2% KCL. RD Kill truck. Worked again on pkr. Failed. RU Kill truck. Pump 50 bbl's 2% KCL dwn casing. RD Kill truck. Worked again on pkr. Failed. RU WL. RIH w/plug. Set in F nipple in pkr at 10528. POOH. and RDWL. Worked again on pkr. Failed. RU EWL. RIH w/collar locator and shot, cut off tubing. POOH w/same and RDWL. Pulled 33 jts on tubing and torqued to set. POOH w/tbg. SI. WSU broke down.

4-28-92 RU WL RIH w/gauge rign and junk basket tagged @ 10,523'. POOH w/same. RU pump truck. Load csg 2% KCL. Repair pack off glands on tbg hanger. RIH w/dump and cmt. Dumped 20' cmt on plug.

Will recomplete to the Strawn.

Al

1992

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

SIGNED Shirley J. Crum TITLE Regulatory Manager DATE 11-3-92  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side