

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. CASE*
(Other instructions on re-
verse side)

Budget approved.
Budget Bureau No. 1004-0135
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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	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 1787' FNL & 860' FEL 2187'	5. LEASE DESIGNATION AND SERIAL NO. 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) Strawn	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. 30-015-20952	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3183 GR											

16. 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 PLANE <input type="checkbox"/>	(Other) <u>Multipoint Back Pressure Test</u> <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.)

Killed well. Attempted to unseat packer. Would not unseat. Shot off tbg. Set plug in packer at 10528'. Dump bailed 20' of cement on top of plug. Perforate Strawn 10348'-10360' with 2 shots per foot. Acidize with 1500 gals 15% HCL. Acid frac the Strawn with 15,000 gals of 15% gelled HCL. Put well on test.

Note: Form 3160-4 was filed and approved 11-18-92.



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

SIGNED <u>[Signature]</u>	TITLE <u>Regulatory Manager</u>	DATE <u>1-20-93</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>PERMISSION ENGINEER</u>	DATE <u>1-28-93</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side