BUR SUNDRY M Do not use this abandoned well.	ITED STATES ARTMENT OF THE INTE EAU OF LAND MANAGEN IOTICES AND REPORTS form for proposals to o Use Form 3160-3 (APD) f	MENT N. M. OII ON WELLS drill or Pethter and for such Angesiels.	t Street IM 88210-	Vision ^{Serial N} NMNM17095 6. If Indian, Allot 2834	ORM APPROVED MB No. 1004-0135 xpires July 31, 1996 o. ttee or Tribe Name Agreement, Name and/or	C S
SUBMIT IN TRIPLICATE Other instructions on reverse side 1. Type of Well X Oil Well Gas Well Other 2. Name of Operator y/				8. Well Name and No. Government D A/C 2 #8		
Merit Energy Company				9. API Well No.		
3a. Address		3b. Phone No. (include area code)		30-015-25344		
12222 Merit Dr., Suite 1500, Dallas, TX. 75251		972-383-6569		10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Fenton-Delaware, Northwest		
660' FNL & 1980' FEL				11. County or Parish, State		
Sec. 12-T21S-R27E				Eddy Co., Ne	w Movico	
				f		
12. CHECK APPROPRIATE BOX(I	S) TO INDICATE NATURE					
TYPE OF SUBMISSION		TYF	PE OF ACTION			
 Notice of Intent Subsequent Report 	Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Treat Reclamation Well Integrity Casing Repair New Construction Recomplete Other					
Final Abandonment Notice	Change Plans	Plug and Abandon Plug Back	Water Dispo		Casing Integrity Test	
13. Describe Proposed or Completed Operations If the proposal us to deepen directionally or Attach the Bond under which the work wil Following completion of the involved operat Testing has been completed. Final Abands determined that the site is ready for final inspects Merit Energy Company per (Chart attached).	 recomplete horizontally, give subsurf l be performed or provide the Bond ions. If the operation results in a m summent Notices shall be filed only a on.) 	face locations and measured an No. on file with BLM/BIA. ultiple completion or recomple filer all requirements, including	nd true vertical dept Required subsequent tion in a new interv g reclamation, have	hs of all pertinent ma t reports shall be filed al, a Form 3160-4 sh been completed, and	arkens and zones d within 30 days tall be filed once the operator ha	
OCD RECEIVED T.		12				

14. I hereby certify that the foregoing is true and correct				
Name (Printed/Typed)	Title			
Lynne Moon	Regulatory Analyst			
Signature Lucu Moon	Date 10/11/99			
THIS SPACE FOR	R FEDERAL OR STATE USE			
Approved by (ORIG. SGD.) DAVID & GLASS	DETROLEUR ENGINEERPate OCT 1 9 1999			
Conditions of approval, if any, are attached. Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject lea which would entitle the applicant to conduct operations thereon.	tor Office			
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willf fraudulent statements or representations as to any matter within its jurisdiction.	fully to make to any department or agency of the United States any false, fictitious or			

