

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐ *RE*

2. NAME OF OPERATOR *DEC 17 1993*
Merit Energy Company

3. ADDRESS OF OPERATOR Dallas, TX 75251
12222 Merit Drive, Suite 1500

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit N SE/SW
AT SURFACE: 1980'FWL-810'FSL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) H2O disposal method	

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.)*

Only trace amounts of water are produced. When necessitated water is trucked out and disposed of into the Salty Bill #1 which is located in Sec36, T22S, R26E NMOC #SWD 118.

NM OIL CONS COMMISSION
Drawer 107 Approved.
Budget Bureau No. 42-R1424
Artesia, NM 88210

5. LEASE SW #747

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME Stephens, D.A. Com

8. FARM OR LEASE NAME Stephens, D.A. Com

9. WELL NO. 1

10. FIELD OR WILDCAT NAME South Carlsbad (Morrow)

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec 7, T23S, 27E

12. COUNTY OR PARISH Eddy 13. STATE New Mexico

14. API NO. 30 015 20716

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3212' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type _____

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

Set @ _____ Ft.

SIGNED *Sheryl J. Caruth* TITLE Regulatory Manager DATE 12/1/93

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE PETROLEUM ENGINEER

DATE DEC 14 1993

CONDITIONS OF APPROVAL, IF ANY:

SEE ATTACHED