

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI. ATE
(Other instructions
reverse side)

Form 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED NOV 19 1992 O. C. D. APTEMA	
2. NAME OF OPERATOR MERIT ENERGY COMPANY		5. LEASE DESIGNATION AND SERIAL NO. NMNM027994D	
3. ADDRESS OF OPERATOR 12221 MERIT DRIVE, SUITE 500, DALLAS, TEXAS 75251		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' ENL & 1980' FWL SE 1/4 SW 1/4 660/S		7. UNIT AGREEMENT NAME	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3240.8	8. FARM OR LEASE NAME FEDERAL LL	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		9. WELL NO. #1	
NOTICE OF INTENTION TO:		10. FIELD AND POOL, OR WILDCAT WILDCAT CISCO	
TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26 SEC.13 T23S, R36E	
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>		12. COUNTY OR PARISH EDDY	
WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) GAS CONNECTION <input checked="" type="checkbox"/>		13. STATE NM	

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.)

10-16-92 HOOKED WELL UP TO FLOWLINE.
TRANSWESTERN PIPELINE IS TRANSPORTING.

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

SIGNED Sherry J. Cantrell TITLE REGULATORY MANAGER

DATE 10-30-92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side