

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
verse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  |  | RECEIVED  |                 |
| 2. NAME OF OPERATOR<br>Merit Energy Company   |  | NOV 9 '90   |                 |
| 3. ADDRESS OF OPERATOR<br>12221 Merit Drive, Suite 1040, Dallas, TX 75251   |  | O.C.D.<br>ARTESIA, OFFICE                           |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br><br>SE 1/4 of NW 1/4 |  | 1480' / N + 1980' / W                               |                 |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) |   |                 |
|   | 12. COUNTY OR PARISH<br>Eddy                   |   | 13. STATE<br>NM |
| 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-031963  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                |                 |
| 7. UNIT AGREEMENT NAME  |  | 8. FARM OR LEASE NAME<br>Sundance Federal           |                 |
| 9. WELL NO.<br>1  |  | 10. FIELD AND POOL, OR WILDCAT<br>Sand Dunes, South |                 |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 4 T24S R31E  |  |   |                 |

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 PLANS <input type="checkbox"/>         | (Other) <input type="checkbox"/>               | Change of Operator <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.)\*

RECEIVED  
 NOV 8 11 34 AM '90  
 OFFICE OF THE DIRECTOR  
 BUREAU OF LAND MANAGEMENT  
 WASHINGTON, D.C.

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

SIGNED Sherry J. Carruth TITLE Prod/Reg Administrator DATE 11-5-90

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side