

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONST. COMMISSION
Artesia, NM 88210

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 ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM031963
2. NAME OF OPERATOR MERIT ENERGY COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 12221 MERIT DRIVE, STE 500 DALLAS, TEXAS 75251	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FEL & 660 FWL SEC 5 T24S R31E	8. FARM OR LEASE NAME SUNDANCE FEDERAL #4
14. PERMIT NO.	9. WELL NO. 30-015-27390
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT SAND DUNES W. DELAWARE
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 5 T24S R31E
	12. COUNTY OR PARISH EDDY
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)	☐	DRILLING REPORTS	☐

(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.)

07/18/93	580# TP; 207 BO; 480 MCF. DC \$4589	TCTD = \$327,257
07/19/93	207 BO; 341 MCF; 49 BW	
07/20/93	300 BO; 390 MCF; 60 BW	
07/21/93	418 BO; 469 MCF; 100 BW	
07/22/93	640# TP 18/64 CHOKE; 273 BO; 391 MCF; 100 BW.	
07/23/93	650# TP 20/64 CHOKE; 354 BO; 390 MCF; 100 BW.	

FINAL REPORT ON WELL

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

SIGNED

James D. Higgins

TITLE PROD. ADMINISTRATOR

DATE

7/23/93

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

Nov - 5 1993

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side