

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM29234

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SDS "11" Federal No. 1

9. API Well No.

10. Field and Pool, or Exploratory Area

Und. Delaware

11. County or Parish, State

Eddy, NM

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other (New Drill Well)

2. Name of Operator

Merit Energy Company

3. Address and Telephone No.

12221 Merit Drive, Suite 500, Dallas, TX 75251

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

~~2090~~ 2090  
2090' FNL & 1980' FWL  
Sec. 11 T24S R31E

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OCT - 4 1993

C. C. D.

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

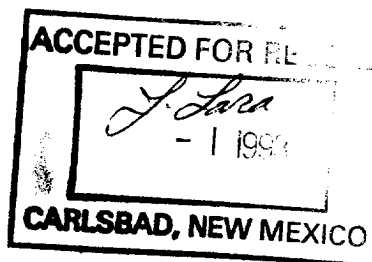
TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Change of Operator  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

Change of Operator from Enron Oil & Gas Company effective 9-2-93



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

Signed [Signature] Title Regulatory Manager

Date 9-8-93

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date