| Approved by Conditions of approval, if any:    | t Kent   | Sol Chief, Lands and Mineral Reso. Title                                     | irces                | <b>JUN</b><br>Date                                  | 2 1995 |
|--|--|--|----------------------|---|--------|
| Signed Signed (This space for Federal or State | The Course of th | Title Regulatory Manager   |                      | Date  | 5/4/95 |
| 14. I hereby certify that the foreg            | going is true and correct  |  |                      |   |        |
|  |  |  |                      |   |        |
|  |  | иц <sub>ј</sub>  | UN - 2 8             | es 19   |        |
| See attached repo                              | ort of daily operations.   |  | GEN                  | 7EM   |        |
|  |  | r all markers and zones pertinent to this work )*                            | _                    |   |        |
| 13. Describe Proposed or Compl                 | leted Operations (Clearly state all pertinent de   | etail, and give pertinent dates, including estimated date of starting any pr | oposed work. If well | is directionally drilled.                           | •      |
|  |  |  |                      | s of multiple completion<br>empletion Report and Lo |        |
|  |  | X Other Acidize  |                      | Dispose Water                                       |        |
| Final Abando                                   | onment Notice  | Altering Casing  | $\vdash$             | Conversion to Inje                                  | ction  |
|  |  | Casing Repair  | <del></del>          | Non-Routine Fract<br>Water Shut-Off                 | unng   |
| X Subsequent                                   | Report   | Recompletion Plugging Back   | <del></del>          | New Construction                                    | turin- |
| Notice of Inte                                 | ent  | Abandonment  |                      | Change of Plans                                     |        |
| TYPE OF SUBMISSIO                              |  | TYPE OF ACTION   |                      |   |        |
| 12. HECK APPROPRI                              | ATE BOX(s) TO INDICATE NA  | ATURE OF NOTICE, REPORT, OR OTHER DAT  | Α                    | TOTT INDAIGO  |        |
| 1080' FSL & 1750' FE                           |  |  | Rio Arriba. I        |   |        |
| SEC. 23, T-26N, R-4                            | Basin Dakota 11. County or Parish, State   |  |                      |   |        |
| 4. Location of Well (Footage, S  S₩ SE         | Pasin Daketa   |  |                      |   |        |
|  | uite 1500, Dallas, TX 75251  | (214) 701-8377   | 10. Field and Poo    | ol, or Exploratory Are                              | a      |
| 3. Address and Telephone No.                   |  | 30-039-20117   |                      |   |        |
| Merit Energy Compa                             | Jicarilla "A" 10   |  |                      |   |        |
| Well X Well Oth  2. Name of Operator           | Linewille HAU 40   |  |                      |   |        |
| Oil Gas  |  |  | 8. Well Name and     | d No.   |        |
| 1. Type of Well                                | <del></del>  |  | -                    |   |        |
|  | Use "APPLICATION FOR P   |  | 7. If Unit or CA, A  | Agreement Designation                               | on .   |
| Do not use this                                | 6/ If Indian, Allottee or Tribe Name / Jicarilla Apache  |  |                      |   |        |
|  | SUNDRY NOTICES AND   | DEFORTS ON WELLS   | /                    | JIC 105   |        |
|  |  |  |                      | ires: March 31, 1993<br>ation and Serial No.        |        |
| (June 1990)                                    | BUREAU OF LAN  | F THE INTERIOR<br>D MANAGEMENT   | 1 /                  | Bureau No. 1004-01                                  |        |
| Form 3160-5                                    |  | STATES   | / F                  | ORM APPROVED  |        |
|  |  |  | /                    | ,   |        |

fraudulent statements or representations as to any matter within its jurisdiction.

| State:       | NM                |            |                                    | ****                                      |                | AI E AIIIOUIIL.  |              |
|--------------|-------------------|------------|------------------------------------|---|----------------|------------------|--------------|
| District:    | West              |            |                                    | NRI:                                      | 43.75%         | Cost To Date:    | \$7,119.00   |
|              |                   |            |                                    |   |                |                  | ·            |
|              |                   |            |                                    |   |                |                  |              |
| Date         |                   | / Cost     |                                    |   |                |                  |              |
| TBG PSI 165, | , LINE PSI 160, I | 10 OIL, 9  | 0 MCF, WATER                       | NOT AVAILABLE                             |                |                  |              |
|              |                   |            |                                    |   |                |                  |              |
| Date 2       | 2/27/95 Daily     | Cost       | \$7,119.00                         | 7   |                |                  |              |
| MIRU DOWEL   | L ON MV TBG -     | TEST LIN   | ES. PUMPED 50                      | ,000 CU FT NITROGE                        | N @ 5000 CU F  | PER MIN @ 26604  | PSI. STARTED |
| ACID - PUMP  | ED 2 BPM ACID     | & 3000 C   | CU FT PER MIN N                    | ITROGEN. TBG PSI 30<br>PED A TOTAL OF 100 | 600#. DROPPED  | NITROGEN TO 200  | O CU ET PER  |
| NITROGEN BA  | ACK TO 5000 C     | U FT PER   | MINUTE. TBG P                      | SI 3250#. PUMPED T                        | OTAL OF 165,00 | 00 CU FT NITROGE | N. SD - ISIP |
| 2970# - FLOV | W BACK INTO T     | ANK OVE    | RNIGHT.                            |   |                |                  |              |
|              |                   |            |                                    |   |                |                  |              |
| Date 2       | 2/28/95 Daily     | Cost [     |                                    | ٦   |                |                  |              |
|              | 1                 |            | COVERED 41 BI                      | <br>BLS H2O.                              | <u> </u>       | -                |              |
|              | <del> </del>      |            |                                    |   |                |                  | <del></del>  |
|              |                   |            |                                    |   |                |                  |              |
|              |                   | Cost       |                                    |   |                |                  |              |
| BLEW WELL T  | O TANK OVERN      | NIGHT. RE  | COVERED 8 BBL                      | S H2O.                                    |                |                  |              |
|              |                   |            |                                    |   |                |                  |              |
| Date         | 3/2/95 Daily      | Cost       |                                    | ٦   |                |                  |              |
|              |                   |            | 15 MCF, WATER                      | NOT AVAILABLE                             |                |                  |              |
|              | <del></del>       | · · ·      |                                    |   |                |                  |              |
|              |                   |            |                                    |   |                |                  |              |
|              |                   | Cost       |                                    |   |                |                  |              |
| TBG PSI 165, | LINE PSI 160, N   | IO OIL, 97 | MCF, WATER I                       | NOT AVAILABLE                             |                |                  |              |
|              |                   |            |                                    |   |                |                  |              |
| Date         | 3/4/95 Daily      | Cost       |                                    | ٦   |                |                  |              |
|              | ,                 | 1          | MCF, WATER I                       | NOT AVAILABLE                             | **             |                  |              |
|              |                   |            | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | TYTHERDEE                                 |                |                  |              |
|              |                   |            |                                    |   |                |                  |              |
|              | 3/5/95 Daily      |            |                                    |   |                |                  |              |
| TBG PSI 165, | LINE PSI 160, N   | O OIL, 90  | MCF, WATER                         | NOT AVAILABLE FRW                         | ,              |                  |              |

**Daily Operations Report** 

Objective:

Job Type:

AFE #:

WI:

ACIDIZE

Stimulate

50.00% AFE Amount: \$0.00

1070

Well:

Field:

County:

JICARILLA A 10 (DK)

**BASIN** 

**RIO ARRIBA**