

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

SUBMIT IN TRIPLICATE
(Other Connections
reverse side)
Drawer DD

Budget Bureau No. 1004-0135
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NMNM-12687

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	DEC 1 1992	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Merit Energy Company	O. C. D.	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 12221 Merit Drive, Suite 500, Dallas, TX 75251	DEPT. OF THE INTERIOR	8. FARM OR LEASE NAME JJ Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FSL & 1650' FWL		9. WELL NO. 2
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo, South
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T10S, R25E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Add Pay Workover			<input checked="" type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)*

- MIRU
- Kill well with 3% KCL
- ND wellhead. NU BOP
- Lower tbg to tag for fill. If significant fill is found, bail out.
- POOH with tbg.
- RU Wireline
- Run gauge ring to 4250'.
- RIH with 4 1/2" retrievable pkr equipped with on/off tool and 2 jts tial pipe. Set pkr @ 4240. Test pkr to 500#.
- Perf 4053-60, 4065-68, 4069-71, 4079-83 with 2 spf, 180 degrees phasing with csg gun.
- RD Wireline.
- RIH with tbg with sliding sleeve in closed position.
- Swab well in.
- RU DS to CO2 frac down tbg open ended. SI 4 hrs.
- Flow well back slowly to clean up.
- Kill well with 3% KCL.
- Lower tbg and J-on to on/off tool.
- ND BOP, NU wellhead.
- Pull plug in profile nipple and swab lower zone in.
- Open sliding sleeve and swab both zones in together.
- RD WSU, put gas to sales

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

SIGNED [Signature] TITLE Regulatory Manager

DATE 12-2-92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE DEC 1 1992
BUREAU OF LAND MANAGEMENT
ROSWELL RESEARCH AREA

*See Instructions on Reverse Side