

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIPT
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
NM-14215

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

2. NAME OF OPERATOR
MERIDIAN OIL INC

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.
(915)688-6898

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
LANGLIE B

9. WELL NO.
2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
0, 330 FSL' & 1650' FEL

10. FIELD AND POOL, OR WILDCAT
JUSTIS (BLINEBRY)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC 14, T25S, R37E

14. PERMIT NO.
30-025-11582

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3120' GR

12. COUNTY OR PARISH
LEA

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"/>	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 checked="" 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) _____	
(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.)*

PUMP 2500 GALS PENTOL 200 DN ANNULUS. FLUSH W/ 2500 GALS OF FRESH WATER.

TREATING RATE = 4-5 BPM
ANTICIPATED PRESSURE = 150 PSI

LEAVE WELL SHUT IN FOR 60 MINUTES. START WELL PUMPING.

18. I hereby certify that the foregoing is true and correct.
SIGNED *Carrie Malick* TITLE REG COMPLIANCE REP DATE 03/24/92

(This space for Federal or State office use)
APPROVED BY *Ronald P. Glass* TITLE _____ DATE 3-27-92
CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**