

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>WIW</u>	5. Lease Designation and Serial No. <u>LC-055546</u>
2. Name of Operator <u>Meridian Oil Inc.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>P.O. Box 51210, Midland, TX 915-688-6800</u>	7. If Unit or CA. Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>Unite F, 1980' FNL & 1885' FWL Sec. 5, T25S, R37E</u>	8. Well Name and No. <u>Langlie Jal Unit #47</u>
	9. API Well No. <u>30-025-23883</u>
	10. Field and Pool, or Exploratory Area <u>Langlie Mattix (SRQ)</u>
	11. County or Parish, State <u>Lea</u>

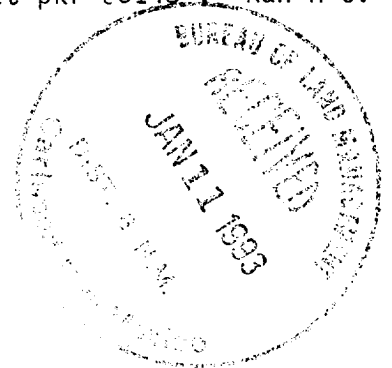
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>cleanout & run inject. survey</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

- 12/17/92 MIRU. NDWH. NU BOP. ^{R12.} ~~R10~~ pkr. POOH. LD pkr. PU bit, DC, & tbg. RIN. Tag fill @3451' clean out. Bit plugged. POOH. Unplug bit. RIN to 3200'. SDFD.
- 12/18/92 Finish TIH. Tag fill. Clean out 3790'. Circ. hole clean POOH. LD DC & bit. SDFD.
- 12/19/92 PU pkr. TIH test tbg. ND BOP NU WH circ. pkr fluid. Set pkr @3148'. Ran H-5. Good test. RDMO.



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

Signed [Signature] Title Production Assistant Date 1-6-93

(This space for approval for State office use)

Approved by [Signature] Title _____ Date _____

Conditions of approval, if any: