Submit 3 Copies				
to Appropriate				
District Office				

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION D P.O. Box 2088	WELL API NO.
DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504	-2088 30-025-11307
	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
	B-1888
SUNDRY NOTICES AND REPORTS ON WELLS	
( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLI	JG BACK TO A 7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	The source ratine of our Agreement Matte
1. Type of Well:	
WELL GAS WELL OTHER Sylecti	Langlie Jal Unit
2. Name of Operator Meridian Oil Inc.	8. Well No. 25
3. Address of Operator P.O. Box 51810, Midland, TX 79710	9. Pool name or Wildcat Langlie Mattix (SRQ)
4. Well Location	
	Line and Feet From The Line
TOWNERD NAME	7E NMPM Lea County
10. Elevation (Show whether DF, RKB 3255' DF	, RT, GR, etc.)
11. Check Appropriate Box to Indicate Nature	of Notice, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PULL OR ALTER CASING CASIN	
OTHER: <u>clean out, run injection survey</u> X OTHE	۹: []

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- MIRU coil tubing unit. RIH with hydroblast tool on 1 1/4" coil tubing. Clean out fill from 3294' to 3615'. POOH with coil tubing and reposition jets to shoot outward. RIH with hydroblast tool on coil tubing and wash casing from 3294' to 3615'. POOH and RDMO coil tubing. Return well to injection. Collect all cleanout water in frac tank and dispose of off lease.
- 2. After injection stabilizes, run injection profile

I hereby certify that the information above is true and complete to the best of my knowle SIGNATURE	dge and belief. Production Assistant	DATE 12-4-92
TYPE OR PRINT NAME Donna Williams		<b>B</b> 15-688-6943 <b>TELEPHONE NO.</b>
This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR		DEC 0 8 '97
CONDITIONS OF AFFROVAL, IF ANY:	mle	DATE