

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-11314

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.  
B-934-18

7. Lease Name or Unit Agreement Name

Langlie Jal Unit

8. Well No.

7

9. Pool name or Wildcat

Langlie Mattix (SRQ)

1. Type of Well:

OIL

WELL ☒

GAS

WELL ☐

OTHER

Injection

2. Name of Operator

Meridian Oil Inc.

3. Address of Operator

P.O. Box 51810, Midland, TX 79710

4. Well Location

Unit Letter H : 660 Feet From The E Line and 1980 Feet From The N Line

Section 32 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3277 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: clean out, run injection survey ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

1. MIRU coil tubing unit. RIH with hydroblast tool on 1 1/4" coil tubing. Clean out fill from 3313' to 3680'. POOH with coil tubing and reposition jets to shoot outward. RIH with hydroblast tool on coil tubing and wash casing from 3313' to 3680'. 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 knowledge and belief.

SIGNATURE Donna Williams TITLE Production Assistant

DATE 12-04-92

TYPE OR PRINT NAME Donna Williams

915-688-6943

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

TITLE

DATE

DEC 08 '92

CONDITIONS OF APPROVAL, IF ANY: