

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.
30-025-11320 ✓

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
B-1506

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"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Langlie Jal Unit

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☒ Injection

2. Name of Operator

Meridian Oil Inc.

8. Well No. 5

3. Address of Operator

P.O. Box 51810, Midland, TX 79710

9. Pool name or Wildcat

Langlie Mattix (SRQ)

4. Well Location

Unit Letter B 900 Feet From The North Line and 2310 Feet From The East Line

Section 32 Township 24S Range 37E NMPM Lea County

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

3262' GR

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: clean & run injection survey ☒

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.

12/15/92 MIRU. ND WH. NU BOP. rls pkr. POOH. LD pkr. PU bit^{dc}, RIH picking up workstring. SDFD.

12/16/92 Finish TIH w/bit & collars. Tag fill, clean out to 3553'. Cir. hole, clean POOH. LD workstring, DC, & bit. PU pkr. RIH & tested tbq. set pkr. ND BOP NU WH. SDON. 3337

12/17/92 RU., run H-5 test, good test. RDMO.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE



TITLE

Production Assistant

DATE

1-6-93

TYPE OR PRINT NAME

Donna Williams

915-688-6943

TELEPHONE NO.

(This space for State Use)

Signed by
Paul Kautz
Geologist

APPROVED BY

TITLE

DATE

JAN 19 1993

CONDITIONS OF APPROVAL, IF ANY:

JAN 12 1993

RECEIVED

JAN 11 1993

GOV HOUSE OFFICE