Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

District Office			
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	WELL API NO.		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	30-025-11320 5 Indigate Type of Lease		
DISTRICT III	5. Indicate Type of Lease STATE XX FEE		
1000 Rio Brazos Rd., Aztec, NM 87410	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 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 Spection			
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		
4. Well Location	Langlie Mattix SRQ		
Unit Letter B: 900 Feet From The N Line and	2310 Feet From TheE 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 REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB			
		OTHER: clean out fill run injection survey X OTHER:	
		12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, i work) SEE RULE 1103.	including estimated date of starting any proposed
		 Notify NMOCD prior to starting work. Flow back well until well is dead. MIRU PU. ND wellhead., NU BPO. with tubing and packer. Send packer into be redresse to location. PU workstring and RIH with 6 1/8" bit, workstring. 	Release packer and POOHed. Deliver 2 7/8" workstring
		2. RU reverse unit nad power swivel. Clean out fill fro laying down workstring. RIH with packer and IPC tubi with packer fluid and set packer. ND BOP, NU wellhea test for state and RDMO PU. Return well to injection	ing to 3337'. Load backside Id. Perform packer leakage
		I hereby certify that the information above is true and complete to the best of my knowledge and belief. Production	Assistant 12-04-92
SIGNATURE TITLE	PATE 915-688-6943		
TYPE OR PRINT NAME Donna Williams	TELEPHONE NO.		
(This space for State Use) GINAL SIGNED BY JERRY SEXTON BISTRICT I SUPERVISOR	DEC 0 8 '92		