

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 |
|-----------------------------------|-----------------------------------|---|

WIW

2. Name of Operator

MERIDIAN OIL INC.

3. Address and Telephone No.

P.O. BOX 51810 MIDLAND, TEXAS 79710-1810 915-688-6800

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit D, 330' FNL &amp; 990' FWL

Sec. 4, T-25-S, R-37-E

5. Lease Designation and Serial No.  
LC-052956

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.	
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Langlie Jal Unit # 39

9. API Well No.

30-025-11442

10. Field and Pool, or Exploratory Area  
Langlie Mattix (SRQ)

11. County or Parish, State

Lea

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

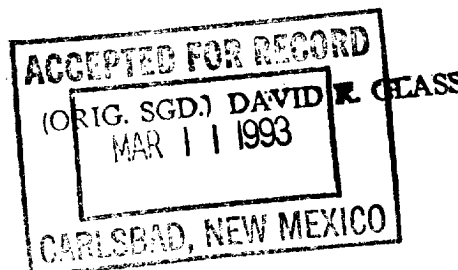
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Packer Leakage Test</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.)\*

PRESSURE TEST PERFORMED FEBRUARY 9, 1993

SEE ENCLOSED CHART

RECEIVED  
FEB 23 11 16 AM '93  
CARLESON  
AREA HQ - BOSTON  
FBI  
FBI



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

**Signed**

**Title**

PRODUCTION ASSISTANT

Date \_\_\_\_\_

2/22/93

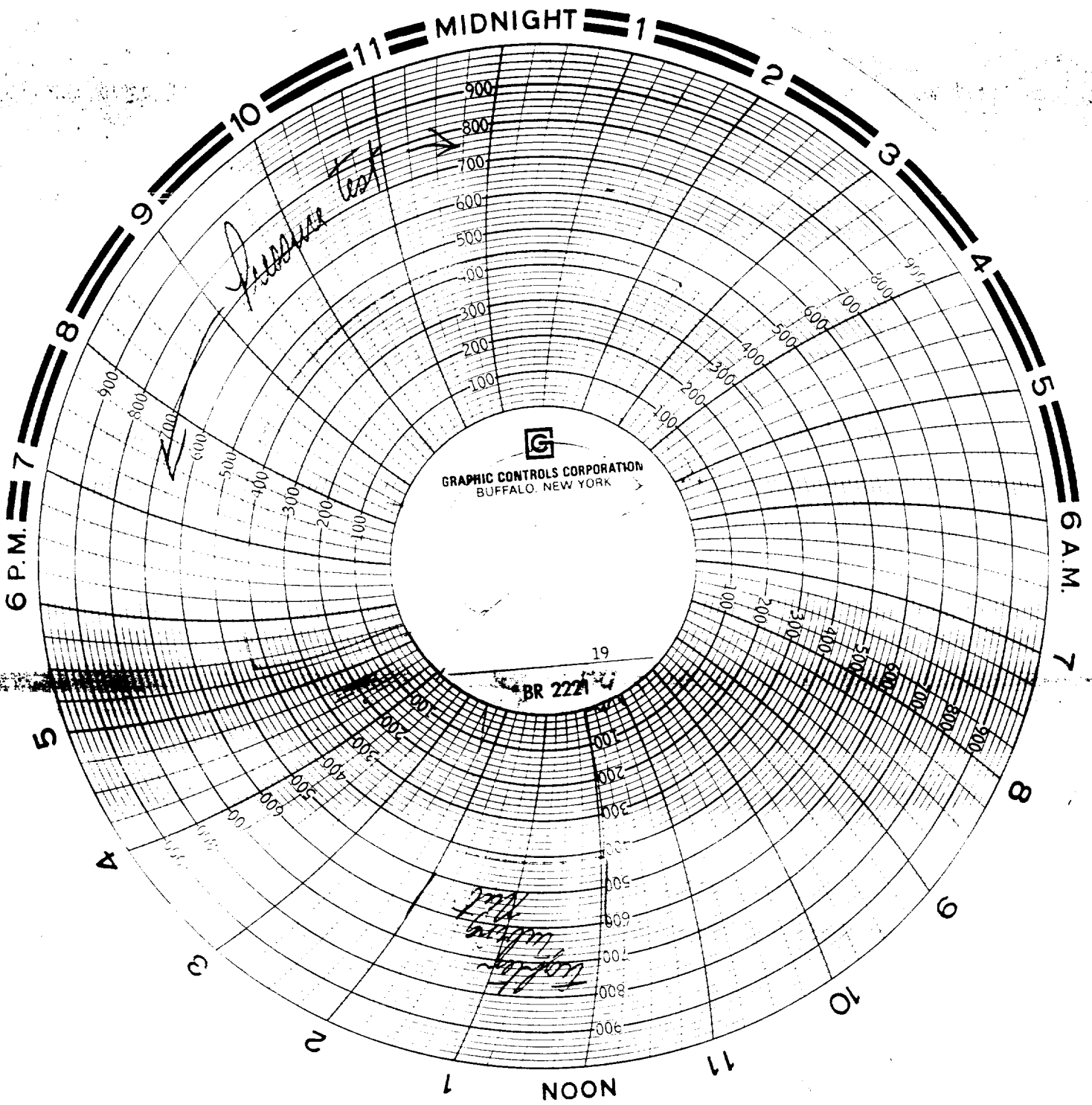
(This space for Federal or State office use)

Approved by

**Title**

Date \_\_\_\_\_

Approved by \_\_\_\_\_  
Conditions of approval, if any:



Meridian Oil

Langlois Gal Unit 39 W1W

9:45 AM to 10:25 AM

Wilkington

Lease Operator

Witness:  
C. C. Dror

J. E. J.  
Yale E. Key  
Laurie H. H.