Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO.
30-025-11506

5. Indicate Type of Lease STATE ___ FEE X

6. State Oil & Gas Lease No.

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. 72

3. Address of Operator
P.O. Box 51810, Midland, TX 79710-1810

9. Pool name or Wildcat
Langlie Mattix (SRQ)

4. Well Location
Unit Letter C : 660 Feet From The North Line and 2310 Feet From The West Line

Section 8 Township 25S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3190' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
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:	___			OTHER: clean out & 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.

12/21/92 MIRU. RIH w/1.25 OD down bust nozzle, wash. tag fill 3356', wash to 3456', set down 3456'. Last pump pressure. POH w/nozzle. RIH. wash to 3591'. Could not wash past 3591'. RIH w/1.25 OD nozzle. 360 degree coverage, wash perfs to 3591' cir. clean. RDMO.

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

SIGNATURE [signature] TITLE Production Assistant DATE 1-6-93

TYPE OR PRINT NAME Donna Williams TELEPHONE NO. 915-688-6943

(This space for State Use) Orig. Signed by Paul Kautz Geologist

APPROVED BY ___ TITLE ___ DATE JAN 12 1993

CONDITIONS OF APPROVAL, IF ANY: