

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.

30-025-11506

5. Indicate Type of Lease

STATE ☐

FEE ☒

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.)

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

7. Lease Name or Unit Agreement Name

Langlie Jal Unit

8. Well No.

72

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:

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 & Injection survey ☒

OTHER: ☐

SUBSEQUENT REPORT OF:

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 1½" coil tubing. Clean out fill from 3342' to 3710'. POOH with coil tubing and reposition jets to shoot outward. RIH with hydroblast tool on coil tubing and wash casing from 3342' to 3710'. 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 12-7-92

915-688-6943

TELEPHONE NO.

TYPE OR PRINT NAME

Donna Williams

(This space for Signature)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

DEC 09 '92

CONDITIONS OF APPROVAL, IF ANY: