

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

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

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

WELL API NO.  
**30-025-25400**

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

2. Name of Operator  
**MERIDIAN OIL INC.**

8. Well No.  
**1**

3. Address of Operator  
**P.O. 51310, Midland, TX 79710-1810**

9. Pool name or Wildcat  
**Langlie Mattix** 7866

4. Well Location  
Unit Letter **B** : **990'** Feet From The **NORTH** Line and **1650'** Feet From The **EAST** Line

Section **19** Township **24S** Range **37E** NMPM **LEA** County

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

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: Temporary Abandon ☒

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.

10/4/95: Ran AD-1 packer to test csg for hole. Found hole between 2990' to 3053'. Csg tested good above 2990'. Set CIBP @ 2950'. Pressure tested (500#) for 30 mins. No pressure loss. Displace hole w/2% KCL. LD rods and tbg.

Well is TA'd.

This Approval of Temporary  
Abandonment Expires

*5045JIN*

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

SIGNATURE *Donna Williams* TITLE **REGULATORY ASSISTANT** DATE **11/16/95**

TYPE OR PRINT NAME **DONNA WILLIAMS**

TELEPHONE NO. **915-688-6943**

(This space for State Use)  
ORIGINAL SIGNED BY **JERRY SEXTON**  
DISTRICT I SUPERVISOR

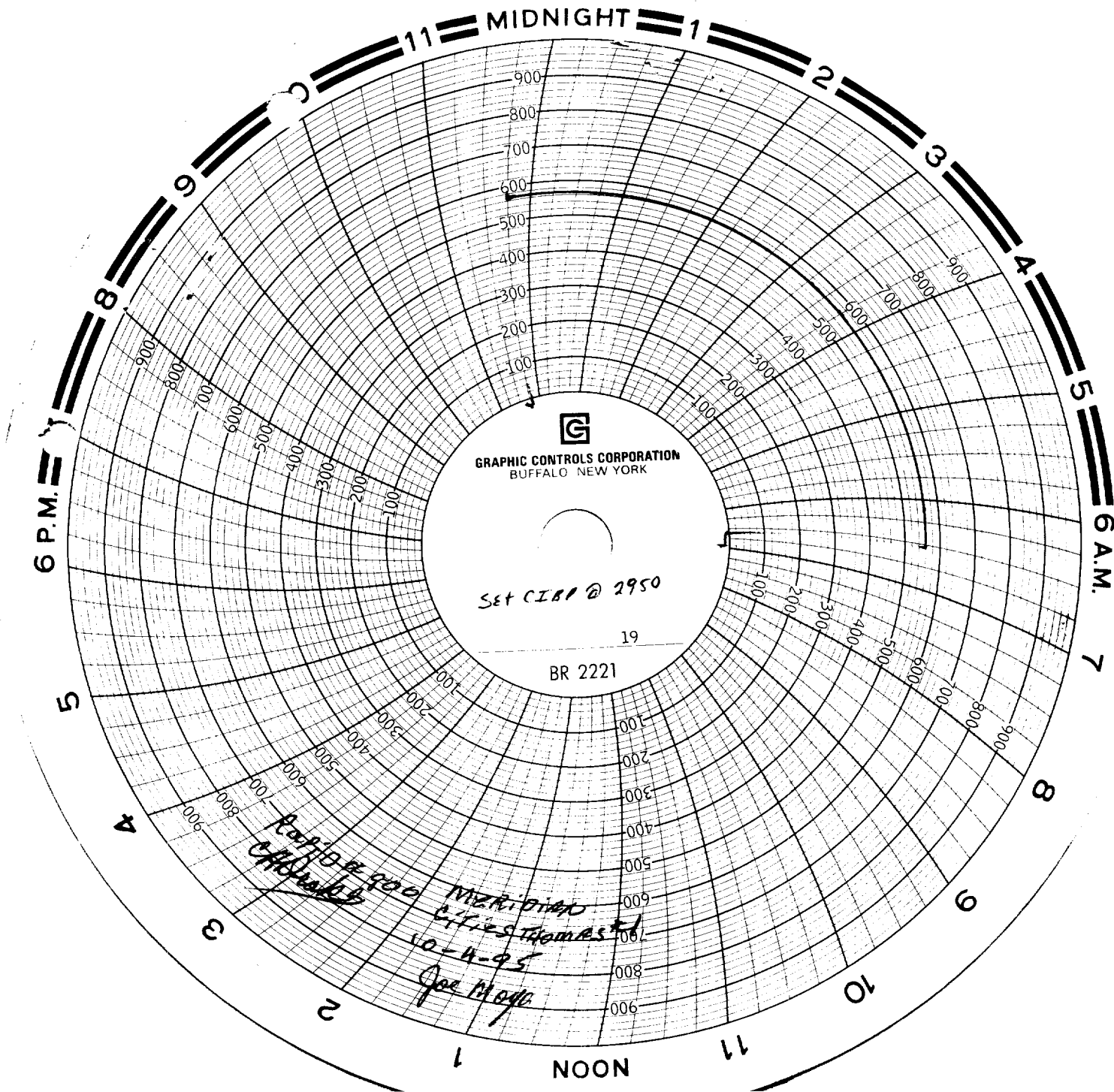
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**JAN 05 1996**

*060*

NOV 1995  
Received  
Hobbs  
OCD



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

Set CIR @ 2950

19

BR 2221

Set CIR @ 2950  
Meridian  
Cities & Homes  
10-4-95  
Joe M. O'Connell

