

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.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1167

7. Lease Name or Unit Agreement Name

Langlie A State

8. Well No.

2Y

9. Pool name or Wildcat

Jalmat Tansil Yates 7-Rvrs Gas

**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.

3. Address of Operator

P.O. Box 51810, Midland, TX 79710-1810

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 735 Feet From The East Line

Section 36

Township 24S

Range 36E

NMPM Lea

County

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

3255' GR

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: TA Wellbore ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Notify New Mexico OCD prior to starting work.

RIH with casing scraper to 3315'. Set cement retainer at 3315'. Squeeze under retainer with 40 sxs Cl C w/2% CaCl2. Spot 10 sxs cement on top of retainer. Set CIBP at 2775'. Circulate hole with inhibited 2% KCL water. Pressure test casing to 500 psi for 30 minutes. Cut a chart during test.

Temporarily abandon well.

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

SIGNATURE

*Connie Malik*

TITLE Reg. Compliance Rep.

DATE 3/24/92

TYPE OR PRINT NAME Connie Malik

TELEPHONE NO. 915-688-6898

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 26 1992