

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 811 South First, Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87504

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised March 25, 1999

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87504

WELL API NO. 30-025-29408
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: LANGLIE JAL UNIT
8. Well No. 112
9. Pool name or Wildcat LANGLIE MATTIX (SRO)
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3160' GR

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
 KENSON OPERATING COMPANY, INC.

3. Address of Operator
 P O BOX 3531, MIDLAND TX 79702

4. Well Location
 Unit Letter AC: 1300 feet from the north line and 1355 feet from the west line
 Section 8 Township 25S Range 37E NMPM LEA County NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: REACTIVATE <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

MI & RU March 2002. TOH with downhole equipment.
 Repair if necessary.
 Restore well to production.

BEFORE EXAMINER
 OIL CONSERVATION DIVISION
OCD EXHIBIT NO. 105
 CASE NO: 12758-A
 DATE 10-26-01

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

SIGNATURE M. A. Sirgo III TITLE ENGINEER

Type or print name M. A. SIRGO, III Telephone No 915/685.0878
 (This space for State use)

APPROVED BY _____ TITLE _____ ORIGINAL BY _____ DATE OCT 29 2001
 Conditions of approval, if any: _____
 PETROLEUM ENGINEER