

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. 30-025-27841
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1506
7. Lease Name or Unit Agreement Name:  LANGLIE JAL UNIT
8. Well No. 96
9. Pool name or Wildcat LANGLIE MATTIX (SRQ)

**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 M N : 140 feet from the south line and 2600 feet from the west line  
 Section 32 Township 24S Range 37E NMPM LEA County NM

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3245' GR

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 *MSK*

BEFORE EXAMINER  
 OIL CONSERVATION DIVISION  
OCD EXHIBIT NO. 103  
 CASE NO: 12758-A

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 DATE 10-26-01

Type or print name M. A. SIRGO, III Telephone No 15/685.0878  
 (This space for State use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ ORIGINAL SIGNED BY \_\_\_\_\_ DATE OCT 29 2001  
 Conditions of approval, if any: \_\_\_\_\_ PAUL F. KAUTZ  
 PETROLEUM ENGINEER

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