

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

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87504

Form C-103

Revised March 25, 1999

WELL API NO.

30-025-11293

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

LANGLIE JAL UNIT

8. Well No.

11

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 Water Injection

2. Name of Operator

KENSON OPERATING COMPANY, INC.

3. Address of Operator

P O BOX 3531, MIDLAND TX 79702

4. Well Location

Unit Letter H : 2310 feet from the north line and 330 feet from the east line

Section 31 Township 24S Range 37E NMPM LEA County NM

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

3243' 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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

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

MI & RU December 2001 - TOH with any downhole equipment.
Set CIBP over existing perforations. Pressure test casing.
Circulate hole with noncorrosive fluid.
Temporarily Abandon well.

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

(This space for State use)

Telephone No. 915/685.0878

APPROVED BY

TITLE

Conditions of approval, if any:

ORIGINAL SIGNATURE
DATE
PLUG AND ABANDON

OCT 29 2001

DATE