

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

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water Injection	WELL API NO. 30-025-11297
2. Name of Operator KENSON OPERATING COMPANY INC.	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator P O BOX 3531, MIDLAND TX 79702	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>south</u> line and <u>660</u> feet from the <u>east</u> line Section <u>31</u> Township <u>24S</u> Range <u>37E</u> NMPM LEA County NM	7. Lease Name or Unit Agreement Name: LANGLIE JAL UNIT
	8. Well No. 27
	9. Pool name or Wildcat LANGLIE MATTIX (SRQBG)
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3242' DF	

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: Repair ☒

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.

3-29-02 MI & RU. POH with tubing and packer. Replace packer. RIH with packer and circulate packer fluid. Test backside to 320# on chart, held okay.

4-1-02 Return to injection.

Test witnessed by E. L. Gonzales. Chart attached

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

SIGNATURE [Signature] TITLE ENGINEER DATE 4-8-02

Type or print name M. A. SIRGO, III

(This space for State use)

APPROVED BY _____
Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE APR 12 2002



