| Submit 3 Copies To Appropriate District Office   | Dutto Of 11011 11201200   |  | Form C-103   |                   |
|--|---|--|--|-------------------|
| District 1<br>1625 N. French Dr., Hobbs, NM 88240                                      | Energy, Minerals and Natu   | ral Resources                              | Revised March 25, 1999 WELL API NO.  |                   |
| Minda II   |   |  | 30-025-11469   |                   |
| 811 South First, Artesia, NM 88210   |   |  | 5. Indicate Type of Lease  |                   |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410           |   | STATE FEE 🔀                                |  |                   |
| District IV  Santa Fe, NM 87504  1220 S. St. Francis Dr., Santa Fe, NM 87504           |   | 6. State Oil & Gas Lease No.               |  |                   |
| SUNDRY NOTICES AND REPORTS ON WELLS  |   |  | 7 Years Name of Visits Assessment  |                   |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A            |   |  | 7. Lease Name or Unit Agreement Name:  |                   |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)    |   |  | LANGLIE JAL UNIT   |                   |
| 1. Type of Well:   |   |  |  |                   |
| Oil Well Gas Well Other WATER INJECTION  |   |  | 0. 331.11.31   |                   |
| 2. Name of Operator KENSON OPERATING COMPANY, INC.                                     |   |  | 8. Well No. 53   |                   |
| 3. Address of Operator P O BOX 3531, MIDLAND TX 79702                                  |   |  | 9. Pool name or Wildcat LANGLIE MATTIX (SRQ)   |                   |
| 4. Well Location   |   |  | IMODIE PATIE (BRQ)   |                   |
| _  | 2000  |  | 560  |                   |
| Unit Letter L:   | 2080 feet from the Sout   | line and                                   | 660 feet from the West line  |                   |
| Section 6  | Township 25S Re   | inge 37E                                   | NMPM LEA County NM   |                   |
|  | 10. Elevation (Show whether D   | R, RKB, RT, GR, e                          |  |                   |
| 11 Charles   | 3213 GR   | otron of Notice                            | Papert or Other Date   |                   |
| 11. Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUBS |   |  | SSEQUENT REPORT OF:  |                   |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK                                   |   |  |  |                   |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI  |   |  | LILLING OPNS. PLUG AND ABANDONMENT   |                   |
| PULL OR ALTER CASING   | MULTIPLE COMPLETION   | CASING TEST A<br>CEMENT JOB                |  |                   |
| OTHER:   |   | OTHER: TEM                                 | MPORARILY ABANDON X  |                   |
| 12. Describe proposed or compl<br>of starting any proposed work<br>or recompilation.   | eted operations. (Clearly state all<br>). SEE RULE 1103. For Multiple ( | pertinent details, and Completions: Attack | nd give pertinent dates, including estimated date ch wellbore diagram of proposed completion |                   |
| 12-13-01 MI & R  | U Rapid Transport   | oump truck.                                | . Pressured up to  |                   |
|  | for 30 minutes, he  |  | · · · · · · · · · · · · · · · · · · ·  |                   |
| Test w   | itnessed by Karla   | Carrasco.                                  |  |                   |
|  |   |  | 7181920  |                   |
|  | This Approval of  | Tomonasa                                   | (  | \                 |
|  | Abandonment Expire  | empurary                                   | 17/21/11/2   | 3/                |
|  |   | ***************************************    | DEC. 679   | 153               |
|  |   |  | = hcn  | 25262             |
| <del></del>  |   | L - + - £ 1 1                              | Hobbs  | _(6)<br>_{\}/     |
| I hereby certify that the information  | on above is three and complete to the                                   |  | \ <del>\$</del>  | \} <sup>3</sup> / |
| SIGNATURE  | TITLE   | ENGINEER                                   | DATE 12-18-01  | 7                 |
| Type or print name M. A.   | SIRGO, III  |  | Telephone No. 915/685.08   | 78                |
| (This space for State use)   |   |  | 1 2 1 2 2 2001 C   |                   |
| APPPROVED BY   | TITLE   |  | DATE   |                   |
| Conditions of approval, if any:  |   |  |  |                   |
|  |   |  |  |                   |

