

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.)		WELL API NO. 30-025-11470
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other WATER INJECTION		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator KENSON OPERATING COMPANY, INC.		6. State Oil & Gas Lease No.
3. Address of Operator P O BOX 3531, MIDLAND TX 79702		7. Lease Name or Unit Agreement Name: LANGLIE JAL UNIT
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>south</u> line and <u>1980</u> feet from the <u>west</u> line Section <u>6</u> Township <u>25S</u> Range <u>37E</u> NMPM LEA County <u>NM</u>		8. Well No. 69
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3207' GR		9. Pool name or Wildcat LANGLIE MATTIX (SRQ)

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: <input type="checkbox"/>		OTHER: TEMPORARILY ABANDON <input checked="" 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.

10-30-01 MI & RU Rapid Transport pump truck. Pressured up to 620 psi. Dropped to 550 psi. Bled off air, pressured up to 600 psi. Held for 30 minutes, okay.

Test witnessed by E. L. Gonzales OCD Hobbs, NM.

Approval of Temporary
Closures 11/19/06

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

SIGNATURE E. A. Sirgo III TITLE ENGINEER DATE 11-5-01

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

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

