

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. 30-025-11470
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: LANGLIE JAL UNIT
8. Well No. 69
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 N : 660 feet from the south line and 1980 feet from the west line

Section 6 Township 25S Range 37E NMPM LEA County NM

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3207' 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 recompilation.

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 Telephone No. 915/685.0878
(This space for State use)

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