Submit 3 Copies To Appropriate District State of New Mexico Office			Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources			Revised March 25, 1999 WELL API NO.	
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-11471	
District III 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE	
District IV Santa Fe, NM 87504			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87504				
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.)			7. Lease Name or Unit Agreement Name: LANGLIE JAL UNIT	
1. Type of Well: Oil Well 🔯 Gas Well 🔲				
Oil Well LX Gas Well Other 2. Name of Operator KENSON OPERATING COMPANY INC.			8. Well No. 68	
3. Address of Operator P O BOX 3531, MIDLAND TX 79702			9. Pool name or Wildcat LANGLIE MATTIX (SRQBG)	
4. Well Location				
Unit Letter 0: 660 feet from the south line and 1980 feet from the east line				
Section 6 Township 25S Range 37E NMPM LEA County NM				
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3219 'GR				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DE			ILLING OPNS.	PLUG AND ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB		
OTHER:		OTHER: TEM	PORARILY AF	BANDON
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.				
5-29-02 RIH with work string and tagged cement plug at 3250'+ TOH. Pressured up to 520#, ran chart for 35 minutes, held okay.				
TA well for future use in ongoing redevelopment project.				
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This Approval of Temporary 6/11/07				
0	Abandonment Expir	P\$		
I hereby certify that the information	above is true and complete to the	est of my knowle	dge and belief.	- 100 - 100
SIGNATURE	JU, O'TITLE	ENGINEER		DATE 6-10-02
Type or print name M. A. S	IRGO, III		Teler	phone No9 15/685.087
(This space for State use)			1010	UIN 1 1 2002
APPPROVED BYConditions of approval, if any:	TITLE_			_DATE