Submit 3 Copies To Appropriate District	State of New Mexico		Form C-10:	
Office District 1	Energy, Minerals and Natural Re	esources WELL API	Revised March 25, 199	
1625 N. French Dr., Hobbs, NM 88240 District II	OT GOVERNMENT AND A PORT	30-02	5-11471	
811 South First, Artesia, NM 88210	OIL CONSERVATION DIV	1 5. Indicate	5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis I	STAT	STATE 📑 FEE 🖾	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87504	Santa Fe, NM 87504	6. State Oi	& Gas Lease No.	
	ES AND REPORTS ON WELLS		me or Unit Agreement Nam	
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA	LS TO DRILL OR TO DEEPEN OR PLUG BAO TION FOR PERMIT" (FORM C-101) FOR SUC	CK TO A		
PROPOSALS.)	•		IE JAL UNIT	
1. Type of Well: Oil Well  Gas Well	Other			
2. Name of Operator		8. Well No	•	
KENSON OPERATING COMPANY INC.		68	9. Pool name or Wildcat	
3. Address of Operator P O BOX 3531, MID:	LAND TX 79702		LIE MATTIX (SRO	
4. Well Location				
Hoit Letter 0 :	660 feet from the south	line and 1980 fee	t from the east line	
Unit Letter:		. Into and		
Section 6	Township 25S Range 3		EA County NM	
	10. Elevation (Show whether DR, RK 3219' GR	B, RT, GR, etc.)		
11 Check Ar	ppropriate Box to Indicate Nature	of Notice, Report or O	her Data	
NOTICE OF INT		SUBSEQUENT	REPORT OF:	
PERFORM REMEDIAL WORK		MEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON X	CHANGE PLANS COL	MMENCE DRILLING OPNS.	PLUG AND	
	LILLETTON E CAS	SING TEST AND	ABANDONMENT '	
PULL OR ALTER CASING		MENT JOB	1	
OTHER:		HER:		
12 Describe proposed or comple	ted operations. (Clearly state all pertin	ent details, and give pertine	nt dates, including estimated	
of starting any proposed work). or recompilation.	SEE RULE 1103. For Multiple Comp	letions: Attach wellbore dia	gram of proposed completion	
MI C DII November	2001. TOH with any d	downhole equipm	≏n+	
	sting perforations.			
	th noncorrosive fluid			
Temporarily aband	on well.			
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	. 0			
I hereby certify that the information	above is true and complete to the best	of my knowledge and belief		
	above is true and complete to the best			
SIGNATURE	above is true and complete to the best	of my knowledge and belief Engineer	DATE_10-26-	
SIGNATURE M. A.	above is true and complete to the best	of my knowledge and belief Engineer	DATE 10-26- Telephone No915/685	
Type or print name M. A.  (This space for State use)	above is true and complete to the best  TITLE I	of my knowledge and belief Engineer	DATE_10-26-	
SIGNATURE M. A.	above is true and complete to the best	of my knowledge and belief Engineer	DATE_10-26-	