'August 1,799) [ a	SUNDR Do not use th	UNITE DEPARTMENT C. BUREAU OF LAND IN NOTICES AND IN Form for proposell. Use Form 3160-	MANAGEMENT REPORTS ON als to drill or l	R I WELLS Io re-enter a	N.M. Oll Co 1625 N. Fre Hobbs, NM	h Dr. 88240 IC-0.	OMB No. 1004-01	35 2000
SL	UBMIT IN TR	IPLICATE - Other	instructions	on reverse	side	7. If Unit or	CA/Agreement, N	ame and/or No.
1. Type of Well							LIE JAL U	
••	🗌 Gas Well 🗴	Conter Water	Injection	n Well	-	8. Well Nam		
2. Name of Operator KENSON OPERATING COMPANY, INC.						LANGLIE JAL UNIT 77 9. API Well No.		
3a. Address 3b. Phone No. (include area code)						30-025-11498		
P O BOX 3531, MIDLAND TX 79702       915/685.0878         4. Location of Well (Footage, Sec., T., R., M., or Survey Description)         1980' FNL & 660' FEL Sec. 8 T25S R37E UL H					0878	10. Field and Pool, or Exploratory Area LANGLIE MATTIX (SRQG 11. County or Parish, State LEA, NEW MEXICC		
					H.			
12.	CHECK AP	PROPRIATE BOX(	ES) TO INDICA	TE NATUR	E OF NOTICE, RE	PORT, OR (	OTHER DATA	4
TYPE OF SUI	BMISSION			ТҮР	E OF ACTION			
Notice of Inte	ent	Acidize			Production (Start/F		Water Shut-Of	ĩ
Subsequent R		<ul> <li>Alter Casing</li> <li>Casing Repair</li> </ul>	<u> </u>	re Treat Construction	Reclamation Recomplete	Well Integrity Other		
_	onment Notice	Change Plans		nd Abandon	Temporarily Aban	_	Reactiv	vate
Attach the Bon following comp testing has been	is to deepen dire ad under which the pletion of the invest in completed. First	Convert to Injection d Operation (clearly state ctionally or recomplete he work will be performed olved operations. If the o nal Abandonment Notices for final inspection.)	all pertinent details, prizontally, give sub- f or provide the Bou peration results in a	including estim surface locations ad No. on file w multiple comple	s and measured and true ith BLM/BIA. Required etion or recompletion in	vertical depths d subsequent re	of all pertinent m ports shall be file • Form 3160.4 c	arkers and zones. d within 30 days
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<ul> <li>If the proposal Attach the Bon following complexiting has been determined that</li> <li>3-28-02</li> <li>4-1-02</li> <li>14. Thereby certify Name (Printed) M. A. Signature</li> <li>Approved by Conditions of approcertify that the apply which would entitle of the proved by the second seco</li></ul>	Is to deepen dire and under which the pletion of the invy a completed. Find t the site is ready MI & R not ho top, he circul. for 30 Return Test way (that the foregoin (Typed) SIRGO, L	d Operation (clearly state ctionally or recomplete ho le work will be performed olved operations. If the o nal Abandonment Notices for final inspection.) U. Set plu Id. RIH wi eld okay. ated packer min. on ch to injecti itnessed by g is true and correct III THIS SP/	all pertinent details, prizontally, give subs f or provide the Boo peration results in a shall be filed only g over per th new pa POH with fluid. art. on. E. L. Go D ACE FOR FEDE	including estim surface locations and No. on file w multiple comple after all require erfs. If acker. plug ar Pressur onzales.	Act Starting date of any s and measured and twe ith BLM/BLA. Requires ction or recompletion in ments, including reclam Pressured to Tested 4-1, and packer. red up backs . Chart at ENGINEER April 8, 20 ATE OFFICE USE	vertical depths d subsequent re a new interval, ation, have bee est, pa /2" & 7 RIH wi side to A, tached.	of all pertinent m ports shall be file a Form 3160-4 si c completed, and c cker wou " liner th packer 320 #, H CCEPTED APR, T CARY C CARY C	arkers and zones. d within 30 days hall be filed once the operator has ald er, held FOR RECC 0 2002 COURLEY





Langle Tax ut # 77 H. e. 25.37 Straf PE 320# Fin 1 320# Terre 16 secon Carldade 2-21.02 String 1000 # Coef 96 min -Thego Core No/S Repair Weil Suct & Hongela 4-1.02

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