

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.) | |
|---|---|
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection | WELL API NO. 30-025-11506 |
| 2. Name of Operator KENSON OPERATING COMPANY, INC. | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 3. Address of Operator P O BOX 3531, MIDLAND TX 79702 | 6. State Oil & Gas Lease No. |
| 4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>north</u> line and <u>2310</u> feet from the <u>west</u> line Section <u>8</u> Township <u>25S</u> Range <u>37E</u> NMPM LEA County <u>NM</u> | 7. Lease Name or Unit Agreement Name: LANGLIE JAL UNIT |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3190' GR | 8. Well No. 72 |
| | 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:

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 February 2002. 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
(This space for State use)

Telephone No. 915/685.0878

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