

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. First St. Dr.
Hobbs, NM 88240

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well		5. Lease Serial No. NM-4354
2. Name of Operator KENSON OPERATING COMPANY, INC.		6. If Indian, Allottee or Tribe Name
3a. Address P O BOX 3531, MIDLAND TX 79702	3b. Phone No. (include area code) 915/685.0878	7. If Unit or CA/Agreement, Name and/or No. LANGLIE JAL UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 660' FWL Sec. 9 T25S R37E UL D		8. Well Name and No. LANGLIE JAL UNIT 75
		9. API Well No. 30-025-11510
		10. Field and Pool, or Exploratory Area LANGLIE MATTIX (SRQGB)
		11. County or Parish, State LEA, NEW MEXICO

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

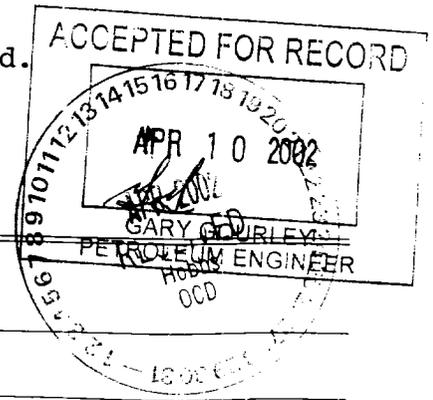
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>Reactivate</u>
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

3-8-02 MI & RU. Found shallow hole in casing at 90'. Squeezed w/100 sacks Class C + additives. SI for 24 hrs. Drilled out and tested, would not hold. Resqueezed with 102 sacks Class C cement, 2% CaCl + 10# cellophane. SI for 48 hrs. Drilled out and pressured up to 300# for 30 minutes, held okay.

4-1-02 Return well to injection.

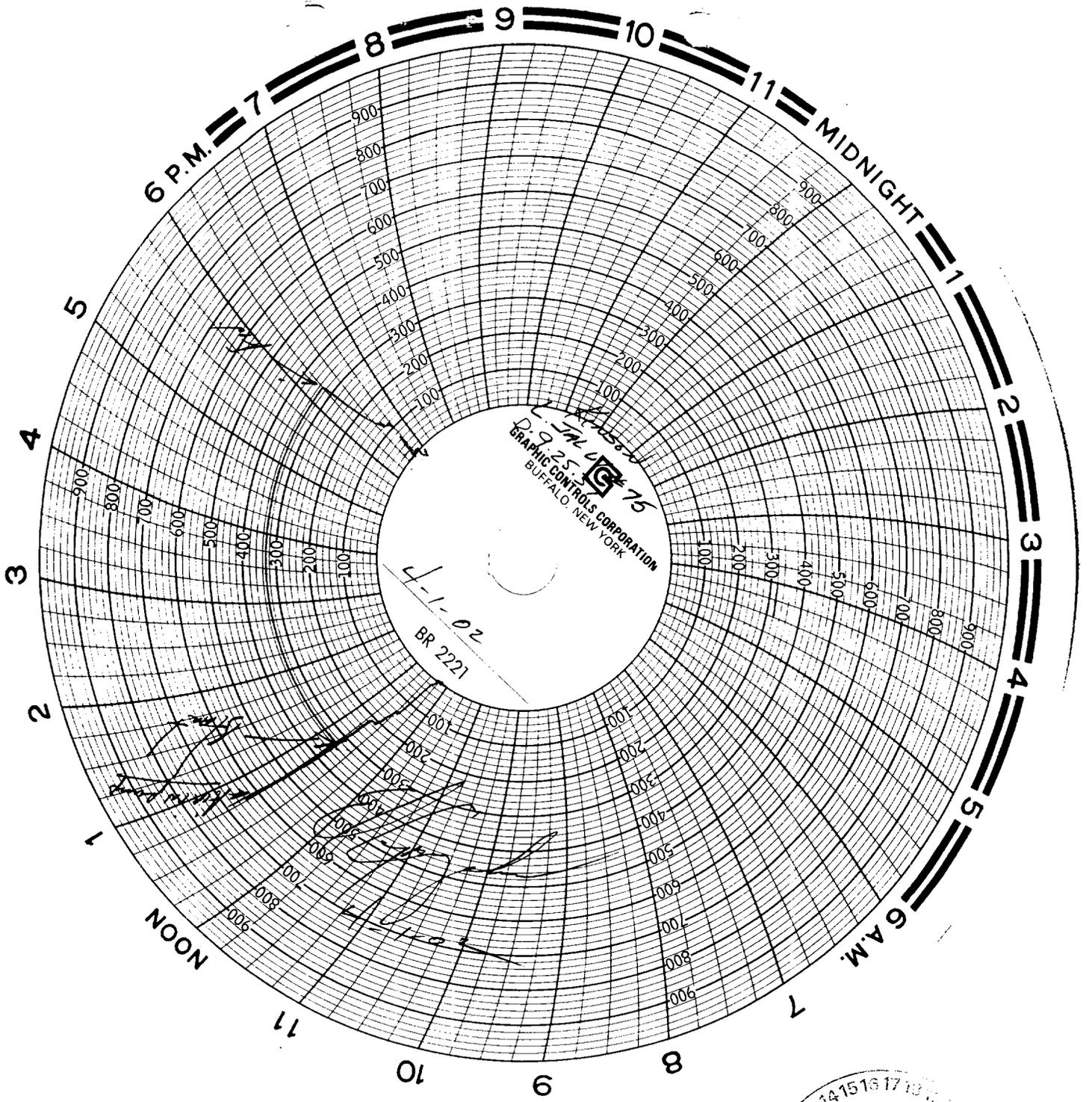
Test witnessed by E. L. Gonzales. Chart attached.



14. I hereby certify that the foregoing is true and correct	
Name (Printed/Typed) M. A. SIRGO, III	Title ENGINEER
Signature <i>M. A. Sirgo</i>	Date 4-8-2002

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by	Title	Date
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	



Kenson

Langlie Jax #75

D. 9.25.37

Start PSI 330#

Fin " 330#

Time 22 min.

Cal date 2-21-02

Spring 1000#

Clock 96 min

769

209

Surf

w/o to Repair Well

OK to inj

E. Langlie

4-1-02

