Form 3160-5 (August 1999)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Serial No.

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.					NM-0140978  6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other Instructions on reverse side  1. Type of Well					7. If Unit or CA/Agreement, Name and/or No.  LANGLIE JAL UNIT		
Oil Well Gas Well XXOther Water Injection Well					8. Well Name and No.		
2. Name of Operator KENS CN OPERATING COMPANY INC					LANGLIE JAL UNIT 93  9. APIWEIING 30-025-11633		
3a. Address POBCX 3531, MIDLAND TX 79702 915/685.0878  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					10. Field and Pool, or Exploratory Area LANGLIE MATTIX		
660' FSL & 660' FEL Sec. \$7 T25S, R37E UL P					11. County or Parish, State  LEA COUNTY, NM		
12. CHECK AF	PROPRIATE BOX(ES)	TO INDICATE NATUI	RE OF NOTICE, R	EPORT, O	R OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent  Subsequent Report  Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (Start Reclamation Recomplete Temporarily Ab Water Disposal	ŕ	Water Shut-Off Well Integrity Other Reactivate		
Attach the Bond under which t	d Operation (clearly state all poctionally or recomplete horizon he work will be performed or- rolved operations. If the operatinal Abandonment Notices shall	ntally, give subsurface location provide the Bond No. on file tion results in a multiple com-	ns and measured and tro with BLM/BIA. Requi	ie vertical dep red subsequei in a new inter	work and approximate duration the oths of all pertinent markers and z nt reports shall be filed within 30 rval, a Form 3160-4 shall be filed been completed, and the operato	ones day: one	

MI & RU April 2002. TOH with downhole equipment. Repair if necessary. Restore well to injection.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)  M. A. Sirgo, III	ide Engineer				
Signature L. A. Jingo II	Date October	26, 2001			
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 warran certify that the applicant holds legal or equitable title to those rights in the subject le which would entitle the applicant to conduct operations thereon.	or Office	Office			