Office	Spropriate District	State c.'1				Form C-103
District 1		Energy, Minerals a	and Nat	ural Resources	C	REVISED March 25 1000
1625 N. French Dr., Hobbs, NM 88240 District II					WELL API NO. 30-025-23869	
811 South First, Artesia, NM 88210 OIL CONSEI			VATION DIVISION			
District III 1000 Rio Brazos Rd., Aztec, NM 87410			th St. Francis Dr.		5. Indicate Type of Lease	
District IY Santa F			e, NM 87504		STATE	FEE 🔀
1220 S. St. Francis Dr.	, Santa Fc, NM 87504	•			6. State Oil &	Gas Lease No.
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					7. Lease Name of	or Unit Agreement Name:
1. Type of Well:					LANGLIE JAL UNIT	
Oil Well Gas Well Other Water Injection						1
2. Name of Operator KENSON OPERATING COMPANY INC.					8. Well No. 71	
3. Address of Operator					9. Pool name o	r Wildcat
P O BOX 3531, MIDLAND TX 79702 4. Well Location					LANGLIE I	MATTIX (SRQBG)
4. Well Location						
Unit Lette	r D : 6	60 _feet from the _	nort	h line and 5	10 feet from	n the <u>west</u> line
Section	8	Township 25	S R	inge 37E	NMPM LEA	County NM
	COMPANY OF THE PARTY OF THE PAR	. Elevation (Show wh	ether D	R. RKB. RT. GR. etc.	1 DEFE	County 1111
		3179 '	GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: SURSEQUENT DEPONT OF.						
PERFORM REME	HAL WORK PL	.UG AND ABANDON [REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL					LING OPNS.	PLUG AND
PULL OR ALTER O	<u></u>	JLTIPLE [CASING TEST AN	D	ABANDONMENT L
OTHER:		ſ	7	OTHER: Rea	activate	X
12. Describe prog	osed or completed	operations. (Clearly s	tate all r	0111616		s, including estimated date
of starting any or recompilation	proposed work). SE	ERULE 1103. For Mo	ultiple C	Completions: Attach	wellbore diagram o	s, including estimated date of proposed completion
6-11-02	Replaced l header pip	ojts. IPC i	2-7/ este	8" tubing i d backside	njection ; to 380#.	line. Replaced
	Charted ar	d witnessed	by :	Buddy Hill,	NMOCD rep	resentative.
						11010
					3910112134	6161718192027
				i	2NA	, E
					/2/2	
					11.	JUN 2002 (2)
					10	لالمار، ED الله الله
	j	\mathcal{L}			\@	Hobbs $^{\circ}$
I hereby certify that	the information abo	is true and complete	to the b	est of my knowledge	and belief	OCD
SIGNATURE	M. /	1	TTLE_	ENGINEER	and benef.	5 6 6 4 6 4 8 9 6 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0
	M 3 2	/				DATE
Type or print name (This space for State	M. A. SIR	.GU, III			Teleph	ione No915/685.0878
·	,					
APPPROVED BY_		TI	TLE	Cibio.		DATE ?
Conditions of appro	vat, it any:		UKI	GINAL SIGNED	.:	-
PAUL F. KAUTY PETROI FUM FRIGHE						
			FEIR	ULFLIM Fligher		

