

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

WELL API NO. 30-025-23870
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name:  LANGLIE JAL UNIT
8. Well No. 79
9. Pool name or Wildcat LANGLIE MATTIX (SRQBG)

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 ☐ Gas Well ☐ Other WATER INJECTION

2. Name of Operator  
KENSON OPERATING COMPANY INC.

3. Address of Operator  
P O BOX 3531, MIDLAND TX 79702

4. Well Location

Unit Letter F : 1980 feet from the north line and 1980 feet from the west line

Section 8 Township 25S Range 37E NMPM LEA County NM

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3164' GR

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: REACTIVATE ☒

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.

4-2-02 MI & RU Lobo Testers. Pressured up back side to 350# +-, held and charted okay.

Witnessed by OCD representative, E. L. Gonzales. Representative took chart.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE M. A. Sirgo TITLE ENGINEER DATE 5-15-02

Type or print name M. A. SIRGO, III

Telephone No 915/685.0878

(This space for State use)

APPROVED BY  
Conditions of approval, if any:

ORIGINAL SIGNED BY  
GARY W. WINK  
OCD FIELD REPRESENTATIVE II/STAFF MANAGER

DATE MAY 22 2002