

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 (SRO)

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	
2. Name of Operator KENSON OPERATING COMPANY, INC.	
3. Address of Operator P O BOX 3531, MIDLAND TX 79702	
4. Well Location Unit Letter <u>F</u> : 1980 feet from the <u>north</u> line and 1980 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>	
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: REACTIVATE ☒

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 recompletion.

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

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 10-26-01

Type or print name M. A. SIRGO, III

Telephone No 915/685.0878

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: