| ·  | and Stanion  |  | Form C-                                       |                       |  |
|--|--|--|---|-----------------------|--|
| State of New Mexico  |  |  | Revised March 25, 1999                        |                       |  |
| bmit 3 Copies 10 Appendix and Natural Resources  |  | WELL API NO.                           |   |                       |  |
| Office   | ·  |  |   | 30-025-29408          |  |
| District 1<br>1625 N. French Dr., Hobbs, NM 88240  | TO MOTE ATTOM DE   | 5. Indicate Type of Lease              |   |                       |  |
| District I  1625 N. French Dr., Hobbs, NM 88240  District II  OIL CONSERVATION DIVISION  OIL CONSERVATION DIVISION   |  |  | İ   |                       |  |
| 811 South First, Artesta, New Bolls  | 1 South First, Artesia, NM 88210 1220 South St. Francis Dr.      |  | SIAIE L                                       |                       |  |
| District III   | Strict III ON Rio Brazos Rd., Azicc, NM 87410 Santa Fe, NM 87504 |  | 6. State Oil & Gas Lease No.                  |                       |  |
| District III<br>1000 Rio Brazos Rd., Aztec, NM 87410   | 1000 000   |  |   |                       |  |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87504  |  |  | 7. Lease Name or Unit Agreement               | Name:                 |  |
| SUNDRY NOTICES AND REPORTS ON WELLS SUNDRY NOTICES AND REPORTS ON PLUG BACK TO A   |  |  |   |                       |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  (DO NOT USE THIS FORM C-101) FOR SUCH   |  |  | TAT UNIT                                      |                       |  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN ON THE OF SUCH DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |  |  | LANGLIE JAL UNIT                              | Ì                     |  |
| PROPOSALS.)  |  |  |   |                       |  |
| t Type of Well:  |  |  |   |                       |  |
| Oil Well S Gas Well Other  |  |  | 8. Well No. 112                               |                       |  |
|  |  |  |   |                       |  |
| 2. Name of Operator KENSON OPERATING COMPANY INC.  |  |  | 9. Pool name or Wildest<br>LANGLIE MATTIX (SF | RQBG)                 |  |
| 3. Address of Operator P O BOX 3531, MIDLAND TX 79702  |  |  | LANGLIE MAITIN (U-                            |                       |  |
| 3. Addies VI Spanish   | LAND TX /9/02  |  |   |                       |  |
| ext vi v anation   |  | •                                      | west  | line                  |  |
| 4. Well Location   | north  | line and                               | 1355 feet from the west                       | m                     |  |
| Unit Letter C:   | 1300 feet from the north   |  | TEA County NM                                 |                       |  |
| Unit Letter  | OFC Pen  | oc 37E                                 | NMPM DEA County                               |                       |  |
| Section 8  | Township 25S Ran  10. Elevation (Show whether DR                 | RKR RT. GR.                            | etc.)   |                       |  |
| 300001   | 10. Elevation (Show whether DR                                   | , 1012, 101,                           |   |                       |  |
|  | 3160' GR   | of Notice                              | Report or Other Data                          |                       |  |
| 11 Check A   | ppropriate Box to Indicate Na                                    |  | JBSEQUENT REPORT OF:                          | _                     |  |
|  |  | 50                                     | ALTERING CA                                   | using[_]              |  |
| NOTICE OF IN   | PLUG AND ABANDON   | REMEDIAL WO                            |   |                       |  |
| NOTICE OF IN<br>PERFORM REMEDIAL WORK  |  | - ALLICE I                             | DRILLING OPNS. PLUG AND ABANDONME             |                       |  |
|  | CHANGE PLANS   | COMMENCE                               | ABANDONME                                     | :NI                   |  |
| TEMPORARILI ADAINOCI.  |  |  | TAND  |                       |  |
| THE CASING T   | MULTIPLE   | CEMENT JOB                             | 3   |                       |  |
| PULL OR ALTER CASING [   | COMPLETION   | 1                                      | - CRADITY ABANDON                             | X                     |  |
|  |  | OTHER: T                               | EMPORARILI ADMINION                           | timated date          |  |
| OTHER: TEMPORARILI ADMINDS  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  |  |  |   |                       |  |
| Describe proposed or com   | eleted operations. (Clearly state an                             | Completions: A                         | ttach wellbore diagram of proposed ed         | Inplotton             |  |
|  |  |  |   |                       |  |
| of statung any part  |  |  | 0.35  | 16 13175 '            |  |
| of 1ecombination   |  | dc                                     | set retrievable                               | y Sara.               |  |
| - aa Michii P  | OH with tubing and   | rous.                                  | red off 20# in 35 ml                          | nutes.                |  |
| or recompilation.  7-1-02 MI&RU. POH with tubing and rods. Set retrievable projection minutes.  Pressured up on casing to 500#, leaked off 20# in Financial Pressured.   |  |  |   |                       |  |
| 7-1-02 MI&RU. POH WITH Casing to 500#, leaked off 20# 11/5 Pressured up on casing to 500#, leaked off 20# 11/5 Charted, see attached.  |  |  |   |                       |  |
| Charted, see assume the chartest of the charte |  |  |   |                       |  |
| numning IIIIL.   |  |  |   |                       |  |
| T&A well.  | Walting on F   |  | \ <u>\</u>                                    | · 1 × 0               |  |
|  |  |  |   |                       |  |
|  |  | /                                      | 1 \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\       |                       |  |
|  | Approval of Tem  | porary                                 | 111157  | 18084g*               |  |
| apandonment Expires HIUIUI   |  |  |   |                       |  |
| ADSUGOIBURITO CAPATA   |  |  |   |                       |  |
|  | _  |  |   |                       |  |
|  |  |  |   |                       |  |
| depend to the best of my knowledge and belief.   |  |  |   |                       |  |
| Thereby certify that the information above is true and complete to the best of my knowledge and belief.  DATE 7-8-02   |  |  |   |                       |  |
|  |  |  |   |                       |  |
| SIGNATURETILLS   |  |  |   | 15/685.0878           |  |
| 210:4VI OIG  | atrico tit   |  | Telephone Nov                                 |                       |  |
| Type or print name M.  | A. SIRGO, III  |  |   |                       |  |
| (This space for State use)   |  | С,                                     | n . dr.                                       | 4 6006                |  |
| (This space for state ass)   | ORIGINIAL CIONES   |  | . ————DA <b>JG</b> L                          | <del>- 1 1 2692</del> |  |
| APPPROVED BY   | ORIGINAL SIGNED BYTTI  | ــــــــــــــــــــــــــــــــــــــ |   | - ,                   |  |
| Conditions of approval, if any:  OC FIELD REPRESENTATIVE ILICATE AAANIAGE  |  |  |   |                       |  |
| Conditions of approval, if any: OC FIELD REPRESENTATIVE II/STAFF MANAGER   |  |  |   |                       |  |
|  |  |  |   |                       |  |