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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐   Fee ☒

5. 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 PROPOSALS.)

1.
OIL WELL ☒   GAS WELL ☐   OTHER-

2. Name of Operator
MGF Oil Corporation

3. Address of Operator
1126 Vaughn Building, Midland, Texas   79701

4. Location of Well
UNIT LETTER ___E___ , ___510___ FEET FROM THE ___West___ LINE AND ___1980___ FEET FROM

THE ___North___ LINE, SECTION ___33___ TOWNSHIP ___9-S___ RANGE ___34-E___ NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Payne

9. Well No.
1

10. Field and Pool, or Wildcat
Vada Penn.

15. Elevation (Show whether DF, RT, GR, etc.)
4262 GL

12. County
Lea

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER _____

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
_____ ☐

17. 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.

Operations to begin April 8, 1975.

Set rubber plug @approx. 9115'. Spot 25 Sx. plug on top of rubber plug.
Lay down 5 1/2 csg. Run 2 7/8. Mix 75 Sx. salt gel with 300 bbls. brine water.
Circulate. Set 25 Sx. plug @approx. 4300'.
            Set 15 Sx. plug @approx. 4100'.
Shoot 8 5/8 @approx. 600'.
Set 18 Sx. plug @650'.
Set 18 Sx. plug @425'.
Set 10 Sx. plug @surface.

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

SIGNED _____   TITLE ___Engineer___   DATE ___April 30, 1975___

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: