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U.S.G.S.	
LAND OFFICE	
OPERATOR	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator MGF Oil Corporation	8. Farm or Lease Name Stan "A" <i>Com</i>
3. Address of Operator P. O. Box 360, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>J</u> , <u>1980</u> FEET FROM THE <u>E</u> LINE AND <u>1980</u> FEET FROM THE <u>S</u> LINE, SECTION <u>9</u> TOWNSHIP <u>12-S</u> RANGE <u>33-E</u> N.M.P.M.	10. Field and Pool, or Wildcat North Bagley Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4263 GR	12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

- 1) Load hole w/2% KCl and spot 250 gallons 15% HCl acid across Felmont. (9430-9520').
- 2) Perforate Felmont w/3 1/8" casing gun 1 JSPF @9429, 30, 31, 51, 52, 82, 87; 9517, 18, 19' (10 holes).
- 3) Acidize Felmont with 6000 gallons acid and 18 ball sealers. Flush w/2% KCl water.

Estimated date of commencement of remedial work is September 10, 1982.

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

SIGNED M E Rolley TITLE Division Operations Manager DATE 8-25-82
BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPR. TITLE _____ DATE AUG 30 1982
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 26 1982

C.C.D.
HODS OFFICE