Submit 3 Copies To Appropriate District Office	Office State of New Mexico			
<u>District I</u> Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 87240			Revised March 25, 1999 WELL API NO. 30-025-01273	
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
District III 2040 South Pacheco			· • • • • • • • • • • • • • • • • • • •	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			STATE X FEE 6. State Oil & Gas Lease No.	
2040 South Pacheco, Santa Fe, NM 87505				o. State on & das 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. Type of Well: Oil Well X Gas Well Other				7. Lease Name or Unti Agreement Name KEMNITZ WOLFCAMP UNIT
Oil Well X Gas Well Other 2. Name of Operator				8. Well No.
MGM OIL & GAS COMPANY				22
3. Address of Operator P.O. BOX 891, MIDLAND, TEXAS 79702-0891				9. Pool name or Wildcat KEMNITZ; LOWER WOLFCAMP
4. Well Location				
Unit Letter .	1980 feet from the		line and	1980 feet from the _Eline
Section 25	Township	16S Ra	nge 33E	NMPM LEA County
	10. Elevation (Show	whether DR,	RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INT	ENTION TO:	idicate Na		Report or Other Data SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		ON 🗀	REMEDIAL WOF	RK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
	MULTIPLE COMPLETION		CASING TEST A CEMENT JOBS	
OTHER: REPLACE OLD FLOW I	LINES		OTHER:	Г
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work). SEE RULE 1103. For Multiple Completions: Attach diagram of proposed completion or recompletion.				
REBLACE OLD STEEL FLOW	LINE WITH POLY	LINE		
				nen -
			·	Hobbs OCD
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE ALL W	2000		PRESIDENT	
	uga /	111LE	TRESTORM	DATE
Type or print name GREG MAL	JZY/			Telephone No. () -
(This space for State use) APPROVED BY			mer er neddesen	TATIVE II/STAFF MANAGER 2 2 2004
				112 · · · · · · · · · · · · · · · · · ·
Conditions of approval, any:	WANGE.	111145(FIELD KLI IGGG	DATE & & ZOUT