Submit 3 Copies To Appropriate District Office	State of 1	State of New Mexico			Form C-103	
District I	Energy, Minerals and Natural Resources			Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 87240 District II				WELL API NO. 30-025-01923		
811 South First, Artesia, NM 87210 District III		OIL CONSERVATION DIVISION			of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Brazos Rd., Aztec, NM 87410			STATE Z		
District IV 2040 South Pacheco, Santa Fe. NM 87505	Santa Fe, NM 87505 040 South Pacheco, Santa Fe, NM 87505			6. State Oil & G	as 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.)				7. Lease Name or Unti Agreement Name KEMNITZ WOLFCAMP UNIT		
1. Type of Well: Oil Well ☑ Gas Well ☐ Other						
2. Name of Operator				8. Well No.	<u> </u>	
MGM OIL & GAS COMPANY				10		
3. Address of Operator P.O. BOX 891, MIDLAND, TEXAS 79702-0891 4. Well Location				9. Pool name or Wildcat KEMNITZ; LOWER WOLFCAMP		
Unit Letter D	· 660 feet from the	<u>. S</u>	line and	1980 feet from	m theline	
Section 20	Township	16S Ra	nge 34E	NMPM LEA	County	
	10. Elevation (Show					
11. Check	Appropriate Box to I	ndicate Na				
PERFORM REMEDIAL WORK	INTENTION TO: PLUG AND ABANDO	DN 🔲	SUE REMEDIAL WOR	BSEQUENT RE	PORT OF: ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	RILLING OPNS.	PLUG AND C	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOBS	ND	, was onwelled	
OTHER: REPLACE OLD FLO	OW LINES		OTHER:			
12. Describe proposed or comp of starting and proposed we or recompletion.	leted operations. (Clearly ork). SEE RULE 1103. Fo	state all per r Multiple C	inent details, and completions: Attac	give pertinent dates, h diagram of propos	, including estimated date ed completion	
REBLACE OLD STEEL F	LOW LINE WITH POLY	LINE				
					7.75	
	,					
				, 25 sec.		
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				Hot OC		
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					4 m /	
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I hereby certify that the information	ation above is true and cor	nplete to the	best of my knowl	edge and belief.		
SIGNATURE	Yam	TITLE_	PRESIDENT		DATE	
Type or print name GREG	MAUZY				2-682-7714 ephone No. () -	
(This space for State use)	/			1010	DEC 2 2 2004	
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Conditions of approval, if any	- ware		ELD REPRESENT	ATIVE II/STAFF MA	NA DATE	