Submit 3 Copies To Appropriate District Office	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	II			WELL API NO. 30-025-01934	
811 South First, Artesia, NM 87210	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			STATE XX FEE	Ì	
District IV Santa Fe, NM 87505 2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No.	\dashv	
				Suite of the Gub Bouse No.	Ì
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:				7. Lease Name or Unti Agreement Nam KEMNITZ WOLFCAMP UNIT	ie
Oil Well X Gas Well Other					
2. Name of Operator MGM OIL & GAS COMPANY				8. Well No.	
3. Address of Operator P.O. BOX 891, MIDLAND, TEXAS 79702-0891				9. Pool name or Wildcat KEMNITZ; LOWER WOLFCAMP	\dashv
4. Well Location					_
Unit Letter 1 . 660 feet from the 1 line and 660 feet from the line					
Section 29	Township	ico Ra	nge 34E	NMPM LEA County	
Section 29 Township 16S Range 34E NMPM LEA County 10. Elevation (Show whether DR, RKB, RT, GR, etc.)					
11. Check A	ppropriate Box to In	ndicate Na	ture of Notice,	Report or Other Data	····
NOTICE OF IN PERFORM REMEDIAL WORK	TENTION TO:			SEQUENT REPORT OF:	; <u> </u>
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS. PLUG AND	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOBS	ND ABANDONMENT	
OTHER: REPLACE OLD FLOW	LINES		OTHER:		
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.					
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE /	aur/	TITLE	PRESIDENT	DATE	<u> </u>
Type or print name GREG MA	AUZY			Telephone No. () -	
(This space for State use)	$\langle 1, 1 \rangle T$			DEC 2.2.20	<u>Π4</u>
APPROVED BY Conditions of approval, if any	W.Wink	TIFE	HELD REPRESENT	ATIVE II/STAFF MANAGER DATE	