Submit 3 Copies To Appropriate District Office State 0	f New Mexico	Form C-103	
District I Energy, Mineral	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240 District II			WELL API NO. 30-025-01936
1 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	
District IV Santa Fe, NM 87505 2040 South Pacheco, Santa Fe, NM 87505		6. 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. Type of Well:			7. Lease Name or Unti Agreement Name KEMNITZ WOLFCAMP UNIT
Oil Well X Gas Well Other			.*
2. Name of Operator MGM OIL & GAS COMPANY			8. Well No. 27
3. Address of Operator			9. Pool name or Wildcat
P.O. BOX 891, MIDLAND, TEXAS 79702-0891 4. Well Location		KEMNITZ; LOWER WOLFCAMP	
Unit Letter K 1980 feet from the S line and 1980 feet from the line			
Section 29 Township	165 R	ange 34E	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 INTENTION TO: \ SU		SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABAND	DON [REMEDIAL WO	RK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS		COMMENCE DR	RILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION		CASING TEST A	ND
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.			
REBLACE OLD STEEL FLOW LINE WITH POI	Y LINE		
			10 10 10 10 10 10 10 10 10 10 10 10 10 1
			Marian A
			To be the
			Hobbs
			OCD
			•
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE / Sus	TITLE	PRESIDENT	DATE
Type or print name GREG MAUZY			432-682-7714 Telephone No. () -
(This space for State use)			
APPROVED BY Langue Wink	TITLE_		AND ACTE
Conditions of approval, if any DEU 2 2 2004			