Submit 3 Copies To Appropriate District Office	State of New Mexico	=	Form C-103
District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 87240		Revised March 25, 1999 WELL API NO. 30-025-01938	
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION		IVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 2040 South Pacheco		·	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			7. Lease Name or Unti Agreement Name
(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:			KEMNITZ WOLFCAMP UNIT
Oil Well X Gas Well Other			
2. Name of Operator MGM OIL & GAS COMPANY			8. Well No. 25
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 G . 1980 feet from the N line and 1980 feet from the E line			
Section 29	Township 16S Ra	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 INTENT		SUBS	SÉQUENT REPORT OF: ALTERING CASING []
	NGE PLANS	COMMENCE DRI	
PULL OR ALTER CASING MUL	TIPLE	CASING TEST AN	ABANDONMENT
CON	MPLETION	CEMENT JOBS	· ·
OTHER: REPLACE OLD FLOW LINE	<u></u>	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 LIN	E WITH POLY LINE		
			16/5167270
			Are S
			S L
			Hobbs
			OCD
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE // ON /			
SIGNATURE / Mac	TITLE	PRESIDENT	DATE
Type or print name GREG MAUZY			Telephone No. () -
(This space for State use)	\ \ \ OC F	IELD REPRESENTA	TIVE II/STAFF MANAGES DEC 0 2 -
APPROVED BY Lange U.C.	Uank TITLE		TIVE II/STAFF MANAGER DEC $2 \stackrel{?}{\sim} 20$
Conditions of approval, if and:			DEC 22 2884