Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103 Revised March 25, 1999			
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Natural Resources				WELL API NO. 30-025-01942		
<u>District II</u> 811 South First, Artesia, NM 87210 District III	OIL CONSERVATION DIVISION				5. Indicate Type of Lease		
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.)				7. Lease Name or Unti Agreement Name KEMNITZ WOLFCAMP UNIT			
1. Type of Well: Oil Well					112 "		
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			
4. Well Location	-						
Unit Letter 6.	1980 feet from the		line and	1980 f	eet from	the <u>F</u> lir	1e
Section 30	Township	16s Ra	nge 34E	NMPM I	LEA	County	
	10. Elevation (Show)	whether DR,	RKB, RT, GR, etc.)			į	
11. Check A	ppropriate Box to In	dicate Na	ture of Notice,	Report or C	Other I)ata	
NOTICE OF IN PERFORM REMEDIAL WORK		и 🗀	SUE REMEDIAL WOF	SEQUEN RK	T REF	PORT OF: ALTERING CASING	; 🗀
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPN	s. 🗀	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	ND		ABANDONIVIENT	
OTHER: REPLACE OLD FLOW			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 FLO	W LINE WITH POLY	LINE			,	014151672	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE Suc. W	on above is true and con	TITLE		eage and bein	ei.	TO A TITE	
Type or print name GREC M	AUZY	11112	TARREST DENT			DATE 2-682-7714	
(This space for State use)		OC FIELD	REPRESENTATIV	E H/STAFF A		phone No. () -	
APPROVED BY	W. Wink	TITLE_	\ \	1/01/AIT /	rumus nejmesinii		
Conditions of approval, if any						—DATEC 22 Z	104