Submit 3 Copies to Appropriate District Office

State of New Mexico Energy '-- inerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088

WELL API NO.

P.U. DUX 2000	30-025-22465
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	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 Unit Agreement Name
I. Type of Well: OIL OAS WELL X WELL OTHER	MOUNSEY
2. Name of Operator	8. Well No.
M & G OIL, INC. 3. Address of Operator	9. Pool name or Wildcat
P.O. BOX 957, CROSSROAD, NM 88114	· VADA-PENN
4. Well Location	FACTO
Unit Letter B: 660 Feet From The NORTH Line and 198	Feet From The EAST Line
Section 14 Township 9S Range 34E N	MPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. D PLUG AND ABANDONMENT
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OTHER: L OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, include work) SEE RULE 1103.	ling estimated date of starting any proposed
(1) PLUG 35 SX ON TOP OF 5-1/2" CIBP @ 9700' ESTIMATED TO	
(2) PLUG 25 SX INSIDE 5-1/2 2 6200' ESTIMATED TOC 5884 12-21-92	
(3) PLUG 60 SX PLUG @ 4130 50' IN 50' OUT (5-1/2" STUB) (8-5/8" SHOE)	
WOC TAG PLUG @ 3935' (4) PLUG 90 SX PLUG @ 470' (8-5/8 STUB AND 13-3/8 SHOE)	12 21 72
(4) PLUG 90 SX PLUG @ 470' (8-5/8 STUB AND 13-3/8 SHOE) WOC TAG PLUG @ 290!	12-23-92
(5) PLUG 20 SX PLUG @ 30' CIRC TO SURF. INSTALL DRY HOLD JOB COMPLETE	E MARKER 12-28-92
Approved as to plugging of the Liability under Lond is retained surface restoration is completed	until
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
OPERATIONS M	
	ANAGER DATE JANUARY 11, 19
SKINATURE JOEY FIELDS TYPE OR PRINT NAME JOEY FIELDS	ANAGER DATE JANUARY 11, 19 TELEPHONE NO. (915) 683-9

Tlanger Wink

APPROVED BY-CONDITIONS OF APPROVAL, IF ANY: OC FIELD REPRESENTATIVE II/STAFF MANAGER