

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-01915
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-944

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

Kemnitz Wolfcamp Unit

8. Well No.

8

9. Pool name or Wildcat

Kemnitz Lower Wolfcamp

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

MGM OIL & GAS COMPANY

3. Address of Operator

P.O. BOX 891, MIDLAND, TEXAS 79702-0891

4. Well Location

Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line

Section 19

Township 16-S

Range 34-E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1) Spot 30sx @ 10,669'-10369'

2) Cut csg @ 4,580' and pull - TAG

3) Spot 30 sx @ 4,580' - 4,480' - 4620' - 4520' (OR 50' BELOW STUB) →

4) Spot 30sx 1,700'-1,600' top os salt

5) Spot 30sx @ 385'-285' - TAG

6) 10sx top plug

Will P&A this well at same time as #7 is plugged (C-103 already approved)

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

President

DATE February 22,

TYPE OR PRINT NAME

Greg Mauzy

915-682-7714
TELEPHONE NO.

(This space for State Use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL SIGNATURE

CARY W. WINK

OCC FIELD REPRESENTATIVE

MAY 17 2002