

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-01916
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-944
7. Lease Name or Unit Agreement Name KEMNITZ WOLFCAMP UNIT
8. Well No. 7
9. Pool name or Wildcat Kemnitz; Lower Wolfcamp
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4159 KB 4146 GL

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:
Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
MGM OIL & GAS COMPANY

3. Address of Operator
P.O. Box 891, Midland, TX 79702-0891

4. Well Location
Unit Letter 0 660 feet from the South line and 1980 feet from the East line
Section 19 Township 16-S Range 34-E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4159 KB 4146 GL

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 ☐ MULTIPLE COMPLETION ☐

OTHER: Recomplete in Upper Wolfcamp ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOBS ☐

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.

RUPU Set CIBP @10,300' Load hole W/2% KCL water, Test Casing to 500#, Run CBLVDL Log, Perforate Upper Wolfcamp Zone, Acidize with 500 gal 15% HCL Swab Test well and put on pump if commercial.

At the present time it is hard to say when this work will be done as completion units are hard to come by. Hope to begin no later than April 1, 2001.

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

SIGNATURE Greg Mauzy TITLE President DATE 01-11-01

Type or print name Greg Mauzy Telephone No. 505 682-7714

(This space for State use)

APPROVED BY _____ TITLE _____ DATE 22 2001

Conditions of approval, if any:

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