

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- 2. Name of Operator MGF Oil Corporation 3. Address of Operator P. O. Box 360, Midland, Texas 79702 0360 4. Location of Well UNIT LETTER K, 1980 FEET FROM THE S LINE AND 1930 FEET FROM THE W LINE, SECTION 31, TOWNSHIP 19-S, RANGE 39-E, NMPM.	7. Unit Agreement Name 8. Farm or Lease Name Lowe 9. Well No. 1 10. Field and Pool, or Wildcat Wildcat 15. Elevation (Show whether DF, RT, GR, etc.) 3572.5 GL 12. County Lea
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16.

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 JOBS ☐ OTHER ☐

17. 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.

- 8-20-82 1. Displaced hole w/9.5 brine containing 5% gel.  
2. Set BP @2950'. Spot 35' of cement on top of BP.  
3. Spot cement plug f/1765-1525'.  
4. Cut off csg, spot 10 sx. plug @surface, weld on cap and set dry hole marker.

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

SIGNED Matthew C. Marshall TITLE Production Engineer DATE 8-23-82

APPROVED BY Ronald M. Castleberry TITLE OIL & GAS INSPECTOR DATE JAN 5 1983

CONDITIONS OF APPROVAL, IF ANY: