

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87001
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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| 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.) | | WELL API NO. 30-025-34623 |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other - SWD | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator Murchison Oil & Gas, Inc. | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator 7250 Dallas Parkway, Ste. 1400, Plano, TX 75024 | | 7. Lease Name or Unit Agreement Name Jackson Unit SWD |
| 4. Well Location Unit Letter <u>H</u> : <u>1649</u> feet from the <u>North</u> line and <u>657</u> feet from the <u>East</u> line Section <u>21</u> Township <u>24S</u> Range <u>33E</u> NMPM Lea County | | 8. Well Number 006 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3582' GL | | 9. OGRID Number 15363 |
| | | 10. Pool name or Wildcat SWD; Delaware |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|---|---|--|--|
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: <input type="checkbox"/> | |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well was shut in on 2/28/17 due to pressure equalization. Location of the leak will be determined by placing a blanking plug in the X profile nipple on top of the packer and pressuring up on tubing and casing alternately. Tubing will be pulled with or without packer as indicated by pressure test. Leaking equipment will be repaired or replaced as necessary. Work is expected to commence in the week beginning March 6, 2017.

Condition of Approval: notify

OCD-Hobbs office 24 hours

prior of running MIT Test & Chart

Spud Date:

Rig Release Date:

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

SIGNATURE [Signature] TITLE Vice President Operations DATE 03/03/2017

Type or print name Gary Cooper E-mail address: rcooper@idmii.com PHONE: 972-931-0700

For State Use Only

APPROVED BY: [Signature] TITLE AO/II DATE 3/6/2017

Conditions of Approval (if any):