

Submit 3 Copies
to Appropriate
District Office

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.
30-025-33873

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
L-5167

7. Lease Name or Unit Agreement Name

JACKSON UNIT

8. Well No.
#5

9. Pool name or Wildcat
JOHNSON RANCH (WOLFECAMP)

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
MURCHISON OIL & GAS, INC.

3. Address of Operator
1445 ROSS AVE., SUITE 5300, LB 152, DALLAS, TX 75202

4. Well Location
Unit Letter H : 1980 Foot From The NORTH Line and 660 Foot From The EAST Line

Section 16 Township 24S Range 33E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3616' GL, 3634' RKB

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Drill to TD of 5287' at 8:30 am 5/28/97. Ran 132 jts. of 9 5/8" 47 #/ft N-80 LT&C casing to 5287. Cement with 1325 sx. Premium Plus 50/50 POZ "A", 1/4 #/sx. Flocele, 8% GEL, 11.9 #/gal. 2.41 ft³/sx. and 250 sxs. Premium Plus + 2% CACL₂, 14.8 #/GAL, 1.34 ft³/sx. Plug down at 11:30 pm. Circ. 400 sxs. to pit. Float held. WOC 18 hrs. test casing to 1000 psi for 30 min. Held OK.

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

SIGNATURE Michael S. Daugherty TITLE Vice President, Operations DATE 7/9/97

TYPE OR PRINT NAME Michael S. Daugherty TELEPHONE NO. (214) 953-1414

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: