

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 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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 <input type="checkbox"/>		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 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: Bradenhead Test Report <input checked="" 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.

7/10/15: Mike Huber met with Bill Sonnamaker with NMOCD on location and performed Bradenhead Test (see attached report).

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 07/17/2015

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

For State Use Only

APPROVED BY: Bill Sonnamaker TITLE Staff Manager DATE 8/7/2015

Conditions of Approval (if any):

AUG 14 2015

[Signature]

[Signature]

JUL 20 2015

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Murchison Oil & Gas LLC</i>	API Number <i>30-025-34623</i>
Property Name <i>Jackson 6 SWD</i>	Well No.

Surface Location

UL - Lot <i>H</i>	Section <i>21</i>	Township <i>24S</i>	Range <i>33E</i>	Feet from <i>1650</i>	N/S Line <i>N</i>	Feet From <i>660</i>	E/W Line <i>E</i>	County <i>Lea</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	----------------------	-------------------------	----------------------	----------------------

Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	<u>SWD</u>	PRODUCER OIL	GAS	DATE <i>7/10/2015</i>
------------------	----	----------------	----	-----------------	------------	-----------------	-----	--------------------------

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>		<i>Vacuum</i>	<i>1050</i>
Flow Characteristics					
Puff	Y / N	<u>Y</u> / N	Y / N	Y / N	CO2 <input type="checkbox"/>
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <input checked="" type="checkbox"/>
Surges	Y / N	Y / N	Y / N	Y / N	GAS <input type="checkbox"/>
Down to nothing	Y / N	<u>Y</u> / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

BL 8/7/2015

Signature: <i>Mike Huber</i>	OIL CONSERVATION DIVISION
Printed name: <i>Mike Huber</i>	Entered into RBDMS
Title: <i>Foreman</i>	Re-test
E-mail Address: <i>mhuber@jdmi.com</i>	
Date: <i>7/10/15</i>	Phone: <i>575-236-02205</i>
Witness: <i>B. Bernamiah</i>	

INSTRUCTIONS ON BACK OF THIS FORM