

WELL API NO.

30-025-41767

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
JACKSON UNIT

8. Well Number 029H

9. OGRID Number 15363

10. Pool name or Wildcat
TRIPLE X; BONE SPRING, WEST

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
7250 DALLAS PARKWAY, STE. 1400, PLANO, TX 75024

4. Well Location

Unit Letter O : 200 feet from the SOUTH line and 1670 feet from the EAST line
Section 21 Township 24S Range 33E NMPM LEA County11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3529 GR

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

E-PERMITTING <SWD INJECTION>CONVERSION MB RBDMS MBRETURN TO TA PMCSNG ENVIRO CHG LOCINT TO PA P&A NR P&A ROTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☒OTHER: Perform MIT & Request TA Status ☒

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.

4/18/16: Perform cement top job on 9 5/8" csg with 200 sx Class C w/1% CaCl2 lead & 560 sx Class C w/1% CaCl2 & 8% gel tail.

4/27/16: Rigged up L&E pump truck and loaded well with 1 bbl of fresh water. Pressure tested casing to 535 psi for 30 minutes with chart recorder; no drop in pressure; passed test. Kristel Heady witnessed test and signed pressure chart.

We hereby request TA status for one year.

This Approval of Temporary
Abandonment Expires 4/27/2017

Spud Date:

07/21/2015

Rig Release Date:

08/16/2015

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

SIGNATURE

TITLE Vice President Operations

DATE 5/6/16

Type or print name: Gary Cooper

E-mail address: rcooper@jdmii.com

PHONE: 972-931-0700

For State Use Only

APPROVED BY:

TITLE

Dist Supervisor

DATE

5/12/2016

Conditions of Approval (if any):

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