Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88240 BBS	OIL CONSERVATION DIVISION	<u>30-025-42652</u>
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 0 9 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	VED	
	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICAT	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A ION FOR PERMIT" (FORM C-101) FOR SUCH	JACKSON UNIT
PROPOSALS.) 1. Type of Well: Oil Well Image: Second		8. Well Number 030H
2. Name of Operator MURCHISON OIL & GAS, INC.		9. OGRID Number 15363
3. Address of Operator 7250 DALLAS PARKWAY, STE. 1400, PLANO, TX 75024		10. Pool name or Wildcat TRIPLE X; BONE SPRING, WEST
4. Well Location		
Unit Letter <u>O</u> :	200 feet from the <u>SOUTH</u> line and <u>1</u>	640 feet from the <u>EAST</u> line
Section 21	Township 24S Range 33E	NMPM LEA County
1	1. Elevation (Show whether DR, RKB, RT, GR, etc. 3532 GR	<i>c.)</i>
12. Check App	propriate Box to Indicate Nature of Notice	e, Report or Other Data
· · ·		
E-PERMITTING <swd< td=""><td></td><td></td></swd<>		
	HG LOC	
INT TO PA P&A NR	P&A R	m MIT & Request TA Status
	d operations. (Clearly state all pertinent details, a . SEE RULE 19.15.7.14 NMAC. For Multiple Co	nd give pertinent dates, including estimated date
	/8" csg with 200 sx Class C w/1% CaCl2 lead; 560	0 sx Class C w/1% CaCl2 & 8% gel tail.
	d loaded well with 1 bbl of fresh water. Pressure	
	psi; passed test. Kristel Heady witnessed test and	
We hereby request TA status for one ye	ar. This Approval of Temporar Abandonment Expires	170/2017
		1-1-
Spud Date: 08/17/2015	Rig Release Date: 09/15/2015	5
I haraby cartify that the information abo	ve is true and complete to the best of my knowled	les and halisf
Thereby certify that the information abo	ve is true and complete to the best of my knowled	ige and bener.
SIGNATURE Th		ons DATE <u>5/6/16</u>
Type or print name: Gary Cooper	E-mail address: rcooper@jdmii.com	PHONE: 972-931-0700
For State Use Only	-man address. <u>recoperargamin.com</u>	FRONE. <u>772-931-0700</u>
DIANS	DANA NITE	5/0/2011
APPROVED BY: Conditions of Approval (if any):	FITLE DIOL SUPP	Vior DATE 5/12/2016

APPROVED BY:	un	~
Conditions of Approval	(if any	():

