<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

1. Type of Well:O

2. Name of Operator

3. Address of Operator

0

22

200

Pit or Below-grade Tank Application or Closure

Township

4. Well Location Unit Letter

Section

State of New Mexico Energy, Minerals and Natural Resources

Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS

MURCHISON OIL & GAS INC

1100 Mira Vista Blvd., Plano, TX 75093

feet from the

S

24S

line and

Range

11. Elevation (Show whether DR, KB, BT, GR, etc.) 3539 GR

Form C-103 August 1, 2011 Permit 168152 WELL API NUMBER 30-025-41093 5. Indicate Type of Lease S 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO JACKSON UNIT A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 8. Well Number 024H 9. OGRID Number 15363 10. Pool name or Wildcat feet from the E line NMPM Lea County

it Type Depth to Groundwater_		Distance from nearest fre		resh water well Dis	stance from near	rest surface water			
Pit Liner Thickness	: mil		Below-Grade Tank: Volume_		bbls; Construction Material				
	12. Che	ck A	ppropriate Box to In	idicat	e Nature of Notice, I	Report or C	Other Data		_
NOTICE OF INTENTION TO:					SUBSEQUENT REPORT OF:				
PERFORM REN	MEDIAL WORL	K□	PLUG AND ABANDO	N□	REMEDIAL WORK		ALTER CAS	ING [
TEMPORARIL	Y ABANDON		CHANGE OF PLANS		COMMENCE DRILLIN	NG OPNS.	PLUG AND	ABANDON [
PULL OR ALT	ER CASING		MULTIPLE COMPL		CASING/CEMENT JOH	3 🗆	1		
Other:					Other: Spud			D	X
2.70			(2)			!!			_

2435

33E

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

6/1/2013 Spudded well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines \square , a general permit \square or an (attached) alternative OCD-approved plan \square . TITLE COO DATE 6/4/2013 SIGNATURE Electronically Signed Type or print name Michael Daugherty E-mail address ccottrell@jdmii.com Telephone No. 972-931-0700 For State Use Only: APPROVED BY: ELIDIO GONZALES TITLE HOBBS STAFF MANAGER DATE 6/4/2013