

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-015-33690
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L - 3017
7. Lease Name or Unit Agreement Name RIO STATE
8. Well Number 3
9. OGRID Number 015363
10. Pool name or Wildcat PENASCO DRAW MORROW GAS

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
1100 MIRA VISTA BLVD., PLANO, TX. 75093-4698

4. Well Location
Unit Letter D : 1250 feet from the NORTH line and 1250 feet from the WEST line
Section 36 Township 18S Range 24E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL 3664' RKB 3681'

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Drill 12-1/4" hole to 1165' with fresh water. Run 9-5/8" casing as follows:

1	Guide Shoe	1'
1 jt	9-5/8" 43.5 #/FT K-55 LT&C	44'
1	Float Valve Collar	1'
27 jts	9-5/8" 43.5 #/FT K-55 LT&C	1127'
		1173'

Set casing @ 1165'. Cement w/ 400 sxs 35-65-6 Class "C" + 2% CaCl + 1/4 #/sx Celloflake WT 12.4 #/GAL followed by 200 sxs Class "C" + 2% CaCl WT 14.8 #/GAL. Bump plug w/ 640 PSI. Float held. Circulated 111 sxs to pit. Set slips and cut off 9-5/8". Install "B" section test to 1500 PSI. Change out BOP's. Test BOP's to 5000 PSI. Test Hydrill to 1500 PSI. Run in hole with bit and DC. Test casing to 1000 PSI, held for 30 minutes, Test OK. WOC total of 21 hrs. prior to drilling cement. Drill out cement and resume drilling 8-1/2" hole.

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Michael S. Daugherty TITLE V.P. OPERATIONS DATE 3/29/2005
(972)
Type or print name MICHAEL S. DAUGHERTY E-mail address: mdaugherty@jdmii.com Telephone No. 931-0700
For State Use Only

APPROVED BY: _____ TITLE _____ DATE APR 17 2005
Conditions of Approval (if any): _____