

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
Santa Fe, NM 87505

WELL API NO.	30-015-43984
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name JAWBONE STATE	
8. Well Number 002H	
9. OGRID Number 015363	
10. Pool name or Wildcat COTTONWOOD DRAW; BONE SPRING	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3383 GL	

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator MURCHISON OIL & GAS, INC.	
3. Address of Operator 7250 DALLAS PARKWAY, STE. 1400 DALLAS, TX 75024	
4. Well Location Unit Letter <u>B</u> : <u>200</u> feet from the <u>NORTH</u> line and <u>1695</u> feet from the <u>EAST</u> line Section <u>2</u> Township <u>25S</u> Range <u>26E</u> NMPM County <u>EDDY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3383 GL	

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: TUBING EXCEPTION <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.

We hereby request an extension to exception to Subsection J of 19.15.16.10 NMAC regarding required production tubing to allow for greater flow back after fracture stimulation. We plan to install production tubing when well flow diminishes sufficiently which we expect to occur within the next 60 days.

Spud Date: 01/26/2017 Rig Release Date: 02/12/2017

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 5/17/17

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

For State Use Only

APPROVED BY: [Signature] TITLE Geologist DATE 5-17-17
Conditions of Approval (if any):