

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 Dr.
 Santa Fe, NM 87505

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.)		WELL API NO. 30-025-34623
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other - SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Murchison Oil & Gas, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 7250 Dallas Parkway, Ste. 1400, Plano, TX 75024		7. Lease Name or Unit Agreement Name Jackson Unit SWD
4. Well Location Unit Letter <u>H</u> : <u>1649</u> feet from the <u>North</u> line and <u>657</u> feet from the <u>East</u> line Section <u>21</u> Township <u>24S</u> Range <u>33E</u> NMPM Lea County		8. Well Number 006
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3582' GL		9. OGRID Number 15363
10. Pool name or Wildcat SWD; Delaware		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Bradenhead Test Report <input checked="" type="checkbox"/>	
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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.

7/10/15: Mike Huber met with Bill Sonnamaker with NMOCD on location and performed Bradenhead Test (see attached report).

Spud Date: Rig Release Date:

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 07/17/2015

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

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 8/7/2015
 Conditions of Approval (if any):

AUG 14 2015

[Handwritten signature]

JUL 20 2015

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

RECEIVED

BRADENHEAD TEST REPORT

Operator Name <i>Murchison Oil & Gas LLC</i>	API Number <i>30-025-34623</i>
Property Name <i>Jackson 6 SWD</i>	Well No.

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>H</i>	<i>21</i>	<i>24S</i>	<i>33E</i>	<i>1650</i>	<i>N</i>	<i>660</i>	<i>E</i>	<i>Lea</i>

Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	<u>SWD</u>	PRODUCER OIL	GAS	DATE <i>7/10/2015</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>0</i>		<i>Vacuum</i>	<i>1050</i>
Flow Characteristics					
Puff	Y / N	<u>Y</u> / N	Y / N	Y / N	CO2 ___
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR <u>✓</u>
Surges	Y / N	Y / N	Y / N	Y / N	GAS ___
Down to nothing	Y / N	<u>Y</u> / N	Y / N	Y / N	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / N	Y / N	Y / N	Y / N	
Water	Y / N	Y / N	Y / N	Y / N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

BL 8/7/2015

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Mike Huber</i>	Entered into RBDMS
Title: <i>Foreman</i>	Re-test
E-mail Address: <i>mhuber@jdmi.com</i>	
Date: <i>7/10/15</i>	Phone: <i>575-236-2205</i>
Witness: <i>Bibbernman</i>	<i>[Signature]</i>