

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

*Record Clean Up*

WELL API NO. 30-015-32176
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-9782
7. Lease Name or Unit Agreement Name HUGGIE BEAR ST. COM.
8. Well Number 1
9. OGRID Number 015363
10. Pool name or Wildcat ANDERSON; WOLFCAMP. NORTH

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 H : 1420 feet from the NORTH line and 990 feet from the EAST line  
Section 2 Township 17S Range 28E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3573 GL

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

Set RBP @ 7000'. Perforate Abo/Wolfcamp from 6,778' to 6,826'. Ran 204 jts. of 2-7/8" tbg @ 6,804'. Acidize w/ 3000 gals. Squeeze and tested perms. Packer set @ 6,802'. Acid frac w/ 15,000 gals. 20% acid. Place Abo/Wolfcamp on production @ 33 BOPD, 83 MCFD and 151 BWPD.

NM OIL CONSERVATION  
ARTESTA DISTRICT

MAY 18 2015

RECEIVED

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 ☒ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Michael S. Daugherty TITLE V P OPERATIONS DATE 5/7/2007  
(972)  
Type or print name MICHAEL S. DAUGHERTY E-mail address: mdaugherty@jdmui.com Telephone No. 931-0700  
For State Use Only

APPROVED BY: Accepted for record TITLE \_\_\_\_\_ DATE 5/18/15  
Conditions of Approval (if any) NMOCD

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>[Signature]</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span> <i>CARMEN RENO</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p>  <p>STATE OF NEW MEXICO OIL CONSERVATION DIVISION- DISTRICT II 1301 W. GRAND AVENUE ARTESIA, NM 88210-2834</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="margin-left: 20px;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="margin-left: 20px;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="margin-left: 20px;"><input type="checkbox"/> C.O.D.</span></p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7005 1820 0003 8235 2862</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 1820 0003 8235 2862

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only. No Insurance Coverage. *[Initials]*)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To

Street, Apt.,  
or PO Box #

City, State, ZIP

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION- DISTRICT II  
1301 W. GRAND AVENUE  
ARTESIA, NM 88210-2834

Postmark

MAY 10 2004

PS Form 3800, June 2002

See Reverse for Instructions



J.D. MURCHISON INTERESTS, INC.

WF

MURCHISON OIL & GAS, INC.

MURCHISON PROPERTIES, INC.

VIA CERTIFIED MAIL

May 7, 2007

State of New Mexico  
Oil Conservation Division  
District II  
1301 W. Grand Avenue  
Artesia, New Mexico 88210-2834

**RE: HUGGIE BEAR ST COM #1  
SEC. 2, T17S, R28E  
EDDY COUNTY, NM**

Dear Mr. Arrant:

Please find attached the following:

- 1) Form C-103 – original + 3 copies (perforating)

If you have any questions, please call me.

Very truly yours,

**MURCHISON OIL & GAS, INC.**

*Carla Tracy*  
Carla Tracy

Ct/HuggieBearStCom#1-C103

Encl.