

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



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

WELL API NO. 30-015-21967
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 OGDEN STATE
8. Well Number 1
9. OGRID Number 015363
10. Pool name or Wildcat WHITE CITY, PENN

Month - Year
APR - 9 2007
OCD - ARTESIA, NM

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> 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 F : 1650 feet from the NORTH line and 1650 feet from the WEST line Section 2 Township 25S Range 26E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
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: 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"/> 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: <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Set RBP @ 10895 above existing perfs 10,985 - 11412'. POOH with tubing. Found holes in 5" liner top. 7-5/8" casing OK. Had pressure on bradenhead. Set RBP @ 4200' and perforated 7-5/8" casing @ 4200 with squeeze holes. Set cement retainer @ 4100' circulated 585 SXS of lite + 100 SXS of "C". TOC @ 1540' inside 10-3/4" casing set @ 1985'. No pressure on Bradenhead. Perforate Atoka @ 10786 - 90', 10540 - 44', 10424 - 29', 10414-16', 10,234 - 45'. Acidize with 3000 gal. 12% HCL @ 3 BPM and 5400 PSI. Well flowed at 285 MCFD and 550 PSI FTP for 24 Hrs. Retrieved RBP @ 10895 and commingled Morrow & Atoka perfs (all part of Penn Pool) and returned well to production on 9/27/1999.

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 4/4/2007

Type or print name MICHAEL S. DAUGHERTY E-mail address: msdaugherty@jdmii.com Telephone No. (972) 931-0700
For State Use Only

APPROVED BY: _____ TITLE Accepted for record - NMOCD DATE 4/10/07
Conditions of Approval (if any): _____