

Submit 3 Copies  
to Appropriate  
District Office

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

WELL API NO.  
30-015-31720

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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. (#015363)

3. Address of Operator  
1100 MIRA VISTA BLVD. PLANO, TX. 75093-4698

4. Well Location  
Unit Letter P : 1320 Feet From The SOUTH Line and 1000 Feet From The EAST  
Section 2 Township 17S Range 28E NMPM EDDY Count

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3579 GL 3601 KDB

11. 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"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>RECOMPLETE TO WOLFCAMP</u> <input checked="" type="checkbox"/>		OTHER: _____	

12. 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.

Plug back existing perforations in the Atoka at 9668-74' by setting a CIBP @ 9620' and cap with 35' of cement. Test to 2000 PSI. Perforate Wolfcamp formation w/ 4 shot/foot from 7510-24'. Acidize w/ 8500 gal. 20% HCL down tubing and test for production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Michael S. Daugherty TITLE VICE PRESIDENT OPERATIONS DATE 1/29/02  
(972) 931  
TYPE OR PRINT NAME MICHAEL S. DAUGHERTY TELEPHONE NO. 0706

(This space for State Use)

APPROVED W RENG FOR TITLE \_\_\_\_\_ DATE FEB 12 2002  
CONDITIONS OF APPROVAL, IF ANY: