Submit 3 Copies To Appropriate District 7 18 19 Office District I  State of New Mexico Minerals and Natural Resources	c\\frac{9}{103}
District I 1625 N. French Dr., Hobbs, 18240  A Liner St. Minerals and Natural Resources	WELL API NO.
District II 1301 W. Grand Ave., Artesis NM 88210 20020IL CONSERVATION DIVISION	30-015-32388
District III DECEIVED 1000 Courts C4 From the Dis	5. Indicate Type of Lease
District IV. AZIEC, SM 8 OCD - ARTESIA Santa Fe. NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	V 5344
SUNDRY TOFICES 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.)	7. Lease Name or Unit Agreement Name:  KODIAK BEAR ST. COM.
1. Type of Well:   Oil Well	
2. Name of Operator	8. Well No. 1
MURCHISON OIL & GAS, INC.	
3. Address of Operator 1100 MIRA VISTA BLVD. PLANO, TX. 75093-4698	9. Pool name or Wildcat EMPIRE MORROW SOUTH
4. Well Location	
Unit Letter N : 810 feet from the SOUTH line and 1980 feet from the WEST line	
Section 1 Township 17S Range 28E	NMPM EDDY County
10. Elevation (Show whether DR, RKB, RT, GR, etc.	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR	K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON	LLING OPNS. PLUG AND SABANDONMENT
PULL OR ALTER CASING MULTIPLE CASING TEST AN CEMENT JOB	ND 🛮
OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. Drill 8-1/2" hole to 10350'. Run open hole logs. Run casing as follows:	
Float Shoe	1'
	79'
Float Collar 32 Jts 5-1/2" 17 #/FT P-110 LTC 13	2' 321'
<del>-</del> -	72'
<del></del>	<u>05'</u> 880'
Set casing @ 10350'. Cement with 1700 SXS 50:50 Class H + 5% Salt + 5/10% FL 52 & 25. Bump plug and floats held. Nipple down BOP and set slips. Release rig @ 0600 11/9/02.	
I hereby certify that the information also be is true and complete to the best of my knowledge and belief.	
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SIGNATURE TITLE VICE PRESIDENT	<u>Γ OPERATIONS</u> DATE 11/12/02 (972)
Type or print name MICHAEL S. DAUGHERTY	Telephone No. 931-0700
(This space for State use)	NOV 1 9 2002
APPPROVED BY For record and TITLE Conditions of approval, if any:	DATE