

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

MAY - 4 1992

WELL API NO.

300152127700

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

K6600

7. Lease Name or Unit Agreement Name

Nash Unit

8. Well No.

1

9. Pool name or Wildcat

Nash Draw

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 and Gas, Inc.

3. Address of Operator

1445 Ross Avenue, LB 152, Dallas, TX 75202

4. Well Location

Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 13

Township 23S

Range 29E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3005' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☒

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

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.

Well placed on production January 10, 1992, but were unable to establish commercial production due to high water production. Plan to set CIBP @ 4900' above lower perforations @ 4936-42'. After setting CIBP, plan to acidize perms at 7880-84' with 1000 Gal 7-1/2% HCL and return well to production.

XC: NM)CD - II (0 + 2), Well File, Partners

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

SIGNATURE

TITLE

Production Manager

DATE 04/29/92

TYPE OR PRINT NAME

Michael S. Daugherty

TELEPHONE NO. 214-953-1414

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

TITLE

DATE

MAY 8 1992

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: