

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OF COPIES REQUIRED
(Other instructions re-
verse side)

EXCLUDED FORM NO.

NM60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NM-0556859-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Nash Unit

8. FARM OR LEASE NAME

Nash Unit

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Nash Draw-Atoka

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 12 T23S R29E

12. COUNTY OR PARISH

Eddy

13. STATE

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—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Murchison Oil and Gas, Inc. ✓

3a. Area Code & Phone No.

(214) 953-1414

3. ADDRESS OF OPERATOR

1445 Ross Avenue, LB 152, Dallas, TX 75202-2733

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FSL and FWL Sec. 12

RECEIVED
DEC - 4 1991

O. C. D.
ARTESIA OFFICE

14. PERMIT NO.

15. ELEVATIONS (Show whether NF, RT, GR, etc.)

2995 RKB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Well ceased to produce November 8, 1991. Swabbing indicates tubing has a leak. Plan to pull tubing and packer @ 12277' and replace bad tubing and return to production.

RECEIVED
NOV 18 11 30 AM '91
CARTER
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct

SIGNED

Michael S. Daugherty

TITLE

Michael S. Daugherty

Production Manager

DATE 11/15/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 11/29/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side