## Submit 3 Copies to Appropriate District Office

## State of New Mexico Livergy, Minerals and Natural Resources Departmen.

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Form C-1()	
Revised 189	

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

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

			V
WELL API NO.			<u> </u>
5. Indicate Type of Le			
	STATE	FEE	X

DISTRICT III	SIAIE FEE			
1000 Rio Brazos Rd., Aztec, NM 87410	C STOR OIL & CALLEGE PO			
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 "AFPLICATION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name			
1. Type of Well: OIL GAS WELL COTHER	Ringer			
2 Name of Operator Murchison Oil & Gas, Inc.	8. Well No.			
3. Address of Operator 1445 Ross Avenue, Lock Box 152, Dallas, Texas 75202	9. Pool name or Wildcat			
4. Well Location  Unit Letter B: 785 Feet From The North Line and 1880 Feet From The East Line				
Section 3 Township 25S Range 26E NMPM Eddy County  10. Elevation (Show whether DF, RKB, RT, GR, etc.)  3284 GR				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT			
ULL OR ALTER CASING CASING TEST AND CEMENT JOB				
OTHER: OTHER: Perf & S	timulate X			
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	se estimated date of starting any mornand			

work) SEE RULE 1103.

Commenced operations on 12/07/92 to drill out DV tool @ 3698' to 3701' and plug top of float collar @ 5270'. Test casing and DV tool to 1000 psi for 30 minutes. Held OK. Perf w/l shot @ 5115, 20, 21, 22, 26, 27, 31, 32, 37, 41, 42, 43, 44, 53, 54, 55, 65, 66, 82, 83, 84, 5204, 05, 06 (24 holes), acidize with 2000 gal 7-1/2% NEFE acid, frac with 22142 gal cross link gel & 61000# 16/30 sand. Swab to evaluate.

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I haveby comity that the inform	nylica aboye is true and complete to the best of my kno	erledge and belief,
SIGNATURE ////	an 11/agkerly	Wice President of Operations 12/31/92
TYPE OR PRINT NAME M	ichael S. Daugherty	(214) Telephone no. 953–1414
(This space for State Use)	ORGANAL SIGNED RY	
APTROVED BY	S TO A CONTROL OF THE	TITLE DATE