

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 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

WELL API NO.

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Ringer

8. Well No.

3

9. Pool name or Wildcat

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.

3. Address of Operator

1445 Ross Avenue, Lock Box 152, Dallas, Texas 75202

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

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: PLUG BACK WELL @ 4700' & 2400' &

TEST INTERVAL 1895'-1930'

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

Intend to commence on 01/13/93 operations to dump 35' of cement on CIBP @ 4700'. Will set CIBP @ 2400' and perforate Delaware Ramsey Sand with one shot per foot @ 1895', 96', 97', 98', 1902', 03', 04', 05', 06', 11', 12', 16', 17', 22', 23', 24', 29', & 30 (18 holes). Will acidize perms with 1200 Gal of 7½% NE-FE acid.

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 of Operations

DATE

01/13/93

TYPE OR PRINT NAME

Michael S. Daugherty

(214)

TELEPHONE NO. 953-1414

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: