Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	ON GOVERNMENT THOU PRINTED THE	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 8750507 * 7 AVW	STATE S FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8750507 7 7 XVW	6. State Oil & Gas Lease No.
87505		1
	CICES AND REPORTS ON WELLS OF STATE OF SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPL	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Jackson Unit SWD
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other - SWD	8. Well Number 006
2. Name of Operator Murchison		9. OGRID Number 15363
3. Address of Operator	00 Plana TV 75024	10. Pool name or Wildcat
7250 Dallas Parkway, Ste. 140	70, Piano, 1X /3024	SWD; Delaware
4. Well Location Unit Letter H: 1649 feet from the North line and 657 feet from the East line /		
Unit Letter <u>H</u> :_ _Section 21		feet from the <u>East</u> line / E NMPM Lea County
Section 21 Township 24S Range 33E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3582' GL		
12. 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 DR	
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:	OTHER: P	ressureTest Report
	pleted operations. (Clearly state all pertinent details, an	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
5/12/17 Randy Dutton met George Bower, OCD Field Inspector, on location to retest packer using 1000# chart recorder.		
Pressured up to 535 psi; held for 32 minutes; OK.		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is true and complete to the best of my knowledge and benefit.		
A.		
SIGNATURE	TITLE <u>Vice President Operation</u>	DATE_05/22/2017
Type or print name Gary Cooper E-mail address: rcooper@jdmii.com PHONE: 972-931-0700		
For State Use Only		
APPROVED BY: Scores Source TITLE amo igne Hice DATE 5/24/17		
APPROVED BY: TITLE on lance Hice DATE 5/24/1/ Conditions of Approval (if any):		

