| Submit 1 Copy To Appropriate District<br>Office   | State of New Mexico                        |                   |                          | Form C-103                       |                     |
|---|--|-------------------|--------------------------|----------------------------------|---------------------|
| District I  | Energy, Minerals and Natural Resources     |                   |                          | October 13, 2009<br>WELL API NO. |                     |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II  | OIL CONSERVATION DIVISION                  |                   |                          | 30-015-39993                     |                     |
| 1301 W. Grand Ave., Artesia, NM 88210<br>District III   | 1220 South St. Francis Dr.                 |                   |                          | 5. Indicate Type of I            |                     |
| 1000 Rio Brazos Rd., Aztec, NM 87410  | Santa Fe, NM 87505                         |                   |                          | STATE 🔀<br>6. State Oil & Gas L  | FEE                 |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |  |                   |                          | 0. State Off & Gas L             | case NO.            |
| SUNDRY NOTICES AND REPORTS ON WELLS   |  |                   |                          | 7. Lease Name or U               | nit Agreement Name  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH<br>PROPOSALS.) |  |                   |                          | OGDEN STATE                      | ·                   |
| 1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other  |  |                   |                          | 8. Well Number 00                | 5H                  |
| 2. Name of Operator<br>MURCHISON OIL & GAS, INC.  |  |                   |                          | 9. OGRID Number<br>15363         |                     |
| 3. Address of Operator  |  |                   |                          | 10. Pool name or Wi              |                     |
| 1100 MIRA VISTA BLVD., PLANO, TX 75093  |  |                   |                          | BLACK RIVER; DE                  | LAWARE, SOUTH       |
| 4. Well Location  | 152 fact from the                          | c 1:              | incord 175               | 0 fact from the                  |                     |
| Unit Letter <u>O</u> :<br>Section 2   | <u>152</u> feet from the<br>Township 25S   | S II<br>Range     | ne and <u>175</u><br>26E | 0 feet from the<br>NMPM EDD      | <u> </u>            |
|   | 11. Elevation <i>(Show when</i><br>3378 GR |                   |                          |                                  | T County            |
|   |  |                   |                          |                                  |                     |
| 12. Check A   | Appropriate Box to Indi                    | cate Natur        | e of Notice,             | Report or Other Da               | ita                 |
| NOTICE OF IN  |  | _                 |                          | SEQUENT REPO                     | _                   |
|   |  |                   |                          |                                  |                     |
|   |  |                   |                          |                                  |                     |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE   |  |                   | SING/CEMENT              | ГЈОВ                             |                     |
| _   |  | _                 |                          |                                  |                     |
| OTHER:<br>13. Describe proposed or comp   | leted operations (Clearly s                |                   |                          | orm MIT & Request TA             |                     |
|   | ork). SEE RULE 19.15.7.14                  |                   |                          |                                  |                     |
| proposed completion or rec  |  |                   | ·····                    |                                  |                     |
| 1/2/14: Rigged up L&E pump truck  | and loaded well with 1 bbl                 | of packer flu     | uid. Pressure te         | sted casing to 555 lbs t         | for 30 minutes with |
| chart recorder. Lost 5 psi in 30 minu   |  |                   |                          |                                  |                     |
| We hereby request that the TA statu   | s he extended for one year (               | 5/1/15)           |                          |                                  |                     |
|   |  | لموسمية           | Lanad Statuski           | nproved   me                     | CEIVED              |
|   | Tempo                                      | staty Abanu       | loned StatusA            | _ A                              | PR 28 2014          |
|   |  | 5/1               | 12015                    |                                  |                     |
|   | 1 LT 12                                    | - Onter Franklin  | and for the second       |                                  | CD ARTESIA          |
| Spud Date: 03/19/20   | 12 Rig Re                                  | lease Date:       | 0                        | 5/14/2012                        |                     |
| · · · · · · · · · · · · · · · · · · ·   |  | Cuttor Duron      |                          |                                  |                     |
|   |  |                   |                          |                                  |                     |
| hereby certify that the information   | above is true and complete                 | to the best of    | my knowledge             | e and belief.                    |                     |
| (and )  | · ·  |                   |                          |                                  | _                   |
| SIGNATURE   |  | Vice Pres         | ident Operatio           | nsDATE04/18/2                    | 014                 |
| Type or print name <u>Jack Rankin</u>   | E-mail address:j                           | <u>ankin@jdmi</u> | i.com PHO                | NE: <u>972-931-0700</u>          | . ·                 |
| For State Use Only  |  |                   |                          |                                  |                     |
| APPROVED BY: TUAL   | NGU TITLE                                  | Comple            | 1 ANUS no                | GEN DATE                         | 4 28/14             |
| Conditions of Approval (if any):  |  |                   | UP OF                    |                                  |                     |
|   |  |                   |                          | ,                                |                     |