

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-33477
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name HAINES
8. Well Number 1
9. OGRID Number 015363
10. Pool name or Wildcat UNDES. LOGAN DRAW; MORROW

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	RECEIVED MAR 08 2005 OIL CONSERVATION DIVISION
2. Name of Operator MURCHISON OIL & GAS, INC.	
3. Address of Operator 1100 MIRA VISTA BLVD., PLANO, TX. 75093-4698	

4. Well Location Unit Letter F : 1980 feet from the NORTH line and 1980 feet from the WEST line Section 19 Township 17-S Range 27-E NMPM County EDDY	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3302' GL
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Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>
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13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Drill 12-1/4" hole to 1500'. Contacted Jerry Guy w/ NMOCD to witness cement job. Ran 9-5/8" 40 K-55 LT&C casing as follows:

1	Guide Shoe	1'
1 Jt	9-5/8" 40#/FT K-55 LT&C	44'
1	Float Collar	1'
35 Jts	9-5/8" 40#/FT K-55 LT&C	1459'
TOTAL		1505'

Pump 655 SXS Haliburton Lite Premium + 5 #/SX Salt + .25 #/SX Flocele followed by 250 SXS Premium Plus + 2% CaCl. Bumped plug and floats held. Circulated 118 SXS to reserve pit. WOC. Change out BOP's. Test BOP's to 5000 PSI. Test Hydrill to 1500 PSI. WOC total of 21 Hrs. Run in hole and drill out shoe and resume drilling formation w/ 8-1/2" bit.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Michael S. Daugherty TITLE V.P. OPERATIONS DATE 3/1/2005

Type or print name MICHAEL S. DAUGHERTY E-mail address: mdaugherty@jdmii.com Telephone No. (972) 931-0700
For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE _____ DATE MAR 09 2005
Conditions of Approval (if any):