

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
August 1, 2011

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

| |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO. 30-025-39735 |
| 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 Caprock Fee |
| 8. Well Number 2 |
| 9. OGRID Number 15363 |
| 10. Pool name or Wildcat Hightower, Permo Penn |

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 PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Murchison Oil & Gas, Inc.

3. Address of Operator
7250 Dallas Pkwy, Ste.1400, Plano, TX 75024

4. Well Location
Unit Letter **K** : **1880** feet from the **S** line and **1880** feet from the **W** line
Section **26** Township **12-S** Range **33-E** NMPM County **Lea**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4235 GR

HOBBS OCD
MAR 24 2015
RECEIVED

12. Check ☒ Approved for Plugging of well bore only. Liability under bond is retained pending receipt of C-103 (Specifically for Subsequent Report of Well Plugging) which may be found at OCD web page under forms! www.emnrd.state.nm.us/ocd

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

SUBSEQUENT REPORT OF:

| | |
|--------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> REMEDIAL WORK | <input type="checkbox"/> ALTERING CASING |
| <input type="checkbox"/> COMMENCE DRILLING OPNS. | <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> |
| <input type="checkbox"/> CASING/CEMENT JOB | <input type="checkbox"/> |
| <input type="checkbox"/> OTHER: | <input type="checkbox"/> |

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

03/13/15 Move in plugging equipment. Dug out cellar. 03/16/15 ND wellhead. NU BOP. RIH w/ workstring and tagged plug @ 3818. Circulated hole w/ mud laden fluid. Spotted 45 sx cement @ 1681-1541. Spotted 45 sx cement @ 466-326. POH WOC. 03/17/15 Tagged plug @ 306'. Spotted 25 sx cement @ 80-surface. Rigged down and moved off. 03/18/15 Moved in welder and backhoe. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleaned location and moved off.
33.2476306 -103.5871476

E-PERMITTING
P&A NR P.M.
DHC COMP
CSNG
TA RBDMS
INT to PA
P&A R
CHG Loc

ig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Vice President Operations DATE 3/20/15

Type or print name Gary Cooper E-mail address: rcooper@jdmii.com PHONE: 972-931-0700

For State Use Only
APPROVED BY: [Signature] TITLE Dist. Supervisor DATE 3/26/2015
Conditions of Approval (if any):

MAR 31 2015