

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. 30-025-38605
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-7612

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name HIGHTOWER STATE UNIT
2. Name of Operator MURCHISON OIL & GAS, INC.	8. Well Number 2
3. Address of Operator 1100 MIRA VISTA BLVD. PLANO, TX. 75093-4698	9. OGRID Number 015363

4. Well Location Unit Letter <u>J</u> : <u>2080</u> feet from the <u>SOUTH</u> line and <u>1625</u> feet from the <u>EAST</u> line Section <u>27</u> Township <u>12S</u> Range <u>33E</u> NMPM County <u>LEA</u>	10. Pool name or Wildcat HIGHTOWER, PERMO PENN
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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"/>

SUBSEQUENT REPORT OF:

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

OTHER: <input 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.

Spud well w/ 17-1/2" hole @ 2100 HRS. 1/27/08. Drilled 17-1/2" hole to a depth of 370'. Run 13-3/8" as follows:

1	Texas Pattern Shoe	1'
1 Jt.	13-3/8" 54.5# J-55 LT&C	37'
1	Float Collar	1'
9 Jts.	13-3/8" 54.5# J-55 LT&C	335'
		374'

Set casing @ 370'. Cement w/ 390 SXS. Class "C" + 2% CaCl + .125# CF. Plug down. Bump plug with 450 PSIG. Floats held OK. Circulate 83 SXS to reserve pit. WOC. Cut off conductor and casing. Weld on wellhead and test to 1000 PSI. OK. Pick up, nipple up BOPE. WOC 18 HRS prior to testing BOPE to 600 PSI. Held OK for 30 min. WOC total of 23-1/2 HRS. TIH w/ bit and drill cement and float collar. Test casing to 600 PSI. Held OK for 30 min. Drill shoe and resume drilling 12-1/4" hole.

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 NMOC guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE A. Arnold TITLE Vice President Operations DATE 1/30/2008

Type or print name A. Arnold Nall E-mail address: arnall@jdmii.com Telephone No. (972) 931-0700

For State Use Only

APPROVED BY: Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE FEB 12 2008  
Conditions of Approval (if any):