Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Didde Office			
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATI	ION DIVISION	WELL API NO.
P.O. Box 2088			1
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			30-025-27223 5. Indicate Type of Lease
DISTRICT III	•		STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
			LG 4138
SUNDRY NOTIC	CES AND REPORTS ON W	ELLS	
(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.)			7. Lease Name or Unit Agreement Name
1. Type of Weil:			
MEIT X	OTHER		JACKSON UNIT
2. Name of Operator			8. Well No.
MURCHISON OIL & GAS,  3. Address of Operator	INC.		1
·	5200 ID 152 DATEA	C my 75000	9. Pool name or Wildcat
1445 ROSS AVE., SUITE  4. Well Location	3300, LB 132, DALLA	5, 1X. /5202	JOHNSON RANCH (WOLFCAMP)
Unit LetterG : 1980	_ Feet From The NORTH	Line and1980	Feet From The EAST Line
Section 22	Township 24 S	22 F 3	D.C.
	Township 24 S F	r DF, RKB, RT, GR, etc.)	VMPM LEA County
			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check A	ppropriate Box to Indicate	Nature of Notice, Re	port, or Other Data
NOTICE OF INTE	ENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	<b></b>	ł	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS.  PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CEN	
OTHER:			<del></del>
		į.	rations to Wolfcamp ¢ AcidizeX
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	us (Clearly state all persinent details, a	nd give pertinent dates, includi	ng estimated date of starting any proposed Packer
Pull 2-7/8" Tbg & 5" RT	TS Packer out of we	ll. Go in hole w	with 2-3/8" x 5" on 33 jts of
2-3/8" & 300 1+0 2-7/9"	! +ha	10107!	12 370 x 3 7011 33 Jts 01
2-5/0 & 590 Jts 2-7/8	tog. Set packer w	1312/'. Pert Wo	olfcamp w/ 2 SPF 13,571'-76',
13,568'-69', 13,540'-44	i', 13,526'-34', 13,5	516'-21', 13,503'	'-07', 13,495'-97', 13,490'-92'
13,468'-70', 13,458'-61	.', 13,450' <b>-</b> 54', 13,4	41'-44', 13,418'	-20', 13,410'-12', 13,356'-61',
		Acidize with I	0,000 GAL 20% HCL. Swab & Flow
well back. Place well	on sales line.	5	-
			<b></b>
	1 .		
I hereby certify that the information above is true and	complete to the best of my knowledge and	belief.	
SIGNATURE WORKER / ///	Willash.	UTCE DDECTDENT	ODEDATE ONG 0.400.407
Sonatore	m m	VICE PRESIDENT,	OPERATIONS DATE 8/22/97
TYPEOR PRINT NAME MICHAEL'S. D	AUGHERTY		TELEPHONE NO. (214) 953-1
(This space for State Use)	W. 170.0 Maril 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		$oldsymbol{\eta}_{T^{(i)}}$ .
ORIGINAL SIGNED BY O	HRIS WILLIAMS FRVISOR		2 4 197 E
WIND TED ST	m.	. ————————————————————————————————————	DATE
CONDITIONS OF APPROVAL, IF ANY:			•