

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-025-33873

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-5167

7. Lease Name or Unit Agreement Name

JACKSON UNIT

8. Well No.

#5

9. Pool name or Wildcat

JOHNSON RANCH (WOLFECAMP)

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 ☐

GAS
WELL ☒

OTHER

2. Name of Operator

MURCHISON OIL & GAS, INC.

3. Address of Operator

1445 ROSS AVE., SUITE 5300, LB 152, DALLAS, TX 75202

4. Well Location

Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST Line

Section 16

Township

24S

Range

33E

NMPM

LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3616' GL, 3634' RKB

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☒

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

OTHER: ☐

12. 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.

SPUD 17 1/2" hole at 12:45 pm 5/17/97.. Drilled to 786' in 14 3/4 hr. Ran 30 jts. of 13 3/8 72#/ft C-95 BT&C Casing to 786' ft. Cement with 340 sx with Premium Plus, 3% Econolite, .25 #/sx Flocele, 2% CACL2, 11.5 PPG 2.79 ft³/sx. and 150 sx Premium Plus with 2% CACL2 14.8 PPG, 1.34 ft³/sx. Circulate 95 sx. of cement plug down at 5:00 pm. WOC 28 hrs., test csg. and wellhead to 600 psi for 30 min. Held OK.

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

SIGNATURE

Michael S. Daugherty

TITLE Vice President, Operations DATE 7/9/97

TYPE OR PRINT NAME

Michael S. Daugherty

(214)
TELEPHONE NO. 53-1414

(This space for State Use)

Geologist

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: