Submit 3 Copies To Appropriate **District Office DISTRICT I**

State of New Mexico Ene , Minerals and Natural Resources Departmen

Form C-103 Revised March 25, 1999

ALTERING CASING

1625 N. French Dr., Hobbs, NM 88240 **DISTRICT II**

PERFORM REMEDIAL WORK

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe. NM 87505

30-025-34623 Indicate Type of Lease

WELL API NO.

SUBSEQUENT REPORT OF:

311	South First, Artesia NM 88210	STATE XX FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
	U RIO Brazos Rd., Aztec, NM 8/410	L- 5268-2
	SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
DIF	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A FERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS	Jackson #6
1.	Type of Well:	Jackson "O
	Oil Well Gas Well 🖾 Other	
2.	Name of Operator	8. Well No.
	Murchison Oil and Oil Gas, Inc.	#6
3.	Address of Operator 1445 Ross Avenue, Suite 5300, LB 152, Dallas, TX 75202-2883	9. Pool name or Wildcat Jackson Ranch Wolfcamp
1.	Well Location	
	Unit letter H : 1650 feet from the North line and	660 feet from the East line
	Section 21 Township 24S Range 33	NMPM Lea County
4 mil 4	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3582 GL 3603 KDB	
	Check Appropriate Box to Indicate Nature of Notice	ce, Report or Other Data
	MOTIOE OF DIMENSING	EQUENT REPORT OF

TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND CEMENT JOB COMPLETION OTHER: OTHER:

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.

REMEDIAL WORK

Please see attached procedure and proposed well bore diagram.

PLUG AND ABANDON XX

I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 9-22-99 Agent SIGNATURE TITLE Tommy W. Folsom Type or print name Telephone No. 505/885-8302 (This space for State use) ORIGINAL SIGNED BY APPROVED BY TITLE DATE Conditions of approval, if any: Fi