

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-34623
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-5268-2
7. Lease Name or Unit Agreement Name JACKSON UNIT
8. Well No. 6
9. Pool name or Wildcat JOHNSON RANCH WOLFCAMP
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3582 GL 3603 KDB

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator MURCHISON OIL & GAS, INC.
3. Address of Operator 1445 ROSS AVE., STE. 5300, LB 152 DALLAS, TX. 75202-2883
4. Well Location Unit Letter H : 1650 Feet From The NORTH Line and 660 Feet From The EAST Line Section 21 Township 24 S Range 33 E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3582 GL 3603 KDB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: ATTEMPTED COMPLETION <input checked="" type="checkbox"/>

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.

WOLFCAMP ZONE WAS PERFORATED 13359-57, 13334-36, 13331-33, 13304-07, 13298-301, 13240-42, 13221-25, 13172-74, and 13166-68. WOULD NOT FLOW NATURAL. WELL WAS STIMULATED W/ 8500 GAL OF 20% VCA ACID @ 8.5 BPM AND 7391 PSI. FLOWED WELL BACK. MAKING ABOUT 30 MCFD @ 100 PSI. SHUT WELL IN TO EVALUATE. HAVE DECIDED TO PLUG WELL. PROCEDURES TO BE SUBMITTED UNDER SEPERATE COVER.

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 9/17/99
TYPE OR PRINT NAME MICHAEL S. DAUGHERTY TELEPHONE NO. (214) 953-1414

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE SEP 29 1999

CONDITIONS OF APPROVAL, IF ANY: