

Submit to Appropriate
District Office
State Lease - 6 copies
Free Lease - 5 copies
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

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

WELL API NO. 30-025-35328
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. LC 4138
7. Lease Name or Unit Agreement Name JACKSON UNIT
8. Well No. 8
9. Pool name or Wildcat JOHNSON RANCH WOLF CAMP

WELL COMPLETION OR RECOMPLETION REPORT AND LOG					
12. Type of Well: OIL WELL ☐ GAS WELL ☒ DRY ☐ OTHER ☐					
b. Type of Completion: NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIPP RESVR ☐ OTHER ☐					
2. Name of Operator MURCHISON OIL & GAS, INC. (015363)					
3. Address of Operator 1100 MIRA VISTA BLVD.					
4. Well Location Unit Letter <u>F</u> : 1980 Feet From The <u>NORTH</u> Line and 1980 Feet From The <u>WEST</u> Line Section <u>22</u> Township <u>24S</u> Range <u>33E</u> NMMPM LEA Country					
10. Date Spudded 3/28/01	11. Date T.D. Reached 4/27/01	12. Date Compl. (Ready to Prod.) 5/16/01	13. Elevations (DF & RKB, RT, GR, etc.) 3591' GL 3612' KDB	14. Elev. Casinghead 3591'	
15. Total Depth 13920	16. Plug Back T.D. 13797	17. If Multiple Compl. How Many Zones? N/A	18. Intervals Drilled By Rotary Tools ☒ Cable Tools ☐	19. Producing Interval(s), of this completion - Top, Bottom, Name 13754 TO 13276	
21. Type Electric and Other Logs Run CNL - DENSITY GR				22. Was Directional Survey Made NO	
23. Was Well Cored NO					

CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULL
13-3/8"	68 #/FT	797'	17-1/2"	625 SX CIRC TO SURFACE	
9-5/8"	47 #/FT	5260'	12-1/4"	1500 SXS CIRC TO SURFACE	
7"	32 #/FT	12600'	8-1/2"	1115 SXS TOC @ 3210'	
3-1/2"	12.95 #/FT	13920'	6"	340 SXS TOC @ 11600'	

LINER RECORD					TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER S

26. Perforation record (interval, size, and number)				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC	
13276-280	13350-360	13600-602	13722-724	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
13295-297	13478-482	13625-630	13751-754	13276-754	40,000 GAL. 20%ACID&30% CO ₂
13304-314	13487-498	13652-654			
13324-328	13520-544	13676-680			

28. Date First Production 5/22/01		Production Method (Flowing, gas lift, pumping - Size and type pump) FLOWING				Well Status (Prod. or Shut-in) PRODUCING	
Date of Test 5/22/01	Hours Tested 4 HRS	Choke Size 11/64	Prod'n For Test Period	Oil - Bbl. 11	Gas - MCF 44	Water - Bbl. 0	Gas - Oil R. 4 MCF/BBL
Flow Tubing Press. 1510	Casing Pressure 0	Calculated 24-Hour Rate	Oil - Bbl. 66	Gas - MCF 264	Water - Bbl. 0	Oil Gravity - API - (Corr.) 56	
29. Disposition of Gas (Sold, used for fuel, vented, etc.) SOLD						Test Witnessed By TOMMY FOLSOM	

30. List Attachments CNL DENSITY, GR		31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief	
Signature <i>Michael S. Daugherty</i>	Printed Name MICHAEL S. DAUGHERTY	Title V P OPERATIONS	Date 5/23/01

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all spect: tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

T. Anhy 1230
 T. Salt
 B. Salt
 T. Yates
 T. 7 Rivers
 T. Queen
 T. Grayburg
 T. San Andres
 T. Glorieta
 T. Paddock
 T. Blinbry
 T. Tubb
 T. Drinkard
 T. Abo
 T. Wolfcamp 12308
 T. Penn 13758
 T. Cisco (Bough C)

T. Canyon
 T. Strawn 13909
 T. Atoka
 T. Miss
 T. Devonian
 T. Silurian
 T. Montoya
 T. Simpson
 T. McKee
 T. Ellenburger
 T. Gr. Wash
 T. Delaware Sand 5236
 T. Bone Springs 9140
 T.
 T.
 T.

Northwestern New Mexico

T. Ojo Alamo
 T. Kirtland-Fruitland
 T. Pictured Cliffs
 T. Cliff House
 T. Menefee
 T. Point Lookout
 T. Mancos
 T. Gallup
 T. Base Greenhorn
 T. Dakota
 T. Morrison
 T. Todilto
 T. Entrada
 T. Wingate
 T. Chinle
 T. Permian
 T. Penn "A"

T. Penn. "B"
 T. Penn. "C"
 T. Penn. "D"
 T. Leadville
 T. Madison
 T. Elbert
 T. McCracken
 T. Ignacio Otzte
 T. Granite
 T.
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 T.

OIL OR GAS SANDS OR ZONES

No. 1, from.....to..... No. 3, from.....to.....
 No. 2, from.....to..... No. 4, from.....to.....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....
 No. 2, from.....to.....feet.....
 No. 3, from.....to.....feet.....

LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness in Feet	Lithology	From	To	Thickness in Feet	Lithology
1230	5236	4006	SALT & ANHYDRITE				
5236	9140	3904	SAND, SHALE & LIMESTONE				
9140	12308	3168	LIMESTONE, SAND & SHALE				
12308	13758	1450	LIMESTONE & SHALE				
13758	13909	151	LIMESTONE & SHALE				
13909	13936	27	LIMESTONE				

TRANSACTION REPORT

Jun-01-01 Fri 2:29 PM

Type	Receiving				
Date	Start	Sender	TX/RX Time	Pages	Note
Jun-01	2:27 PM	9729310701	1m34s	3	OK

FAX COVER SHEET

DATE: * JUNE 1, 2001

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: * MARIE PETERSON

COMPANY: * STATE OF NEW MEXICO
OIL CONSERVATION DIVISION
DISTRICT I

FAX NUMBER: * (505) 393-0720

FROM:

NAME: * CARLA BROWN

COMPANY: * MURCHISON OIL & GAS, INC.

1100 Mira Vista Blvd.
Plano, TX. 75093-4698
FAX: 972/931-0701WE ARE TRANSMITTING 3 PAGES
(Including this cover sheet)IF TRANSMISSION IS NOT COMPLETE,
PLEASE CALL 972/931-0700**REMARKS:** *Per our conversation regarding Jackson Unit #8 Form C-105, please attach this clean copy of the back page. Thank you.*

MSD/FAX/OCD.fax