UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND ATTES OF THE INTERIOR BUREAU OF LAND ATTES OF THE INTERIOR ATTES SUNDRY NOTICES AND REPORTS ON WELLS.

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

is form for proposals to	- cMil はAc tcはr#	ATTRO III SITTA					
Do not use this form for proposals to dillife to re-enter are abandoned well. Use form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on page 2				6. If Indian, Allo	If Indian, Allottee or Tribe Name If Unit or CA/Agreement, Name and/or No.		
				7. If Unit or CA/			
1. Type of Well ☐ Oil Well ☑ Gas Well ☐ Other					8. Well Name and No. COTTONWOOD 29-32 FED COM WCB 4H		
Name of Operator Contact: JENNIFER ELROD CHISHOLM ENERGY OPERATING, LEMail: jelrod@chisholmenergy.com				9. API Well No. 30-015-437	9. API Well No. 30-015-43705		
			code)		10. Field and Pool or Exploratory Area PURPLE SAGE;WOLFCAMP		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Pa	11. County or Parish, State		
Sec 29 T26S R26E Mer NMP NENE 100FNL 1240FEL 32.020228 N Lat, 104.310428 W Lon					EDDY COUNTY, NM		
PPROPRIATE BOX(ES)	TO INDICAT	E NATUR	E OF	NOTICE, REPORT, OR	OTHER	DATA	
	· · · · · · · · · · · · · · · · · · ·	E OF	ACTION				
Notice of Intent		Deepen		☐ Production (Start/Resume)		Water Shut-Off	
☐ Alter Casing	☐ Hydr	aulic Fractui	ring	☐ Reclamation		Well Integrity	
☐ Casing Repair	■ New Constru		n	☐ Recomplete		Other	
☐ Change Plans	Plug	and Abando	n	☐ Temporarily Abandon		rilling Operations	
Convert to Injection	Injection Plug Back		■ Water Disposal	Disposal			
	Accepte	3-5 d for recor	-) & rd - N	MOCD AND CO	IL COI	NSERVATION	
Jpcoming CSG & CMNT jo # P-110 Csg, set @ 1639 /565 sxs Class H lead cmi	ob 7'MD nt @ 3.01 viek			,	=PTESIA	DISTRICT 5 2018	
		tions begin	*		RECE	EIVED	
de determined before com	pictions opera	none begin					
Electronic Submission # For CHISHOLM EN	ERGY OPERA	ING, LLC.	sent to	the Carlsbad			
Submission)		Date 01/	AG	GEPTED FOR REC	CAU]	
THIS SPACE FO	OR FEDERA		_		7		
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11				EER 2 8 2018		4 44 24	
Haque		Title	ETR	LEUM ENGINEER		Date 2,28-204	
	ther Contact: ATING, LEGMail: jelrod@chi O0 - UNIT 20 T., R., M., or Survey Description NENE 100FNL 1240FEL W Lon PPROPRIATE BOX(ES) Acidize Alter Casing Casing Repair Change Plans Convert to Injection Deration: Clearly state all pertine hally or recomplete horizontally, ork will be performed or provided operations. If the operation rebandonment Notices must be fiffinal inspection. The P-110 Csg, set @ 1639 Joecoming CSG & CMNT juth P-110 Csg, set @ 1639 Joecoming CSG & CMNT juth P-110 Csg, set @ 1639 Diblis cmnt return to surfact 12:00am De determined before complete for CHISHOLM EN Committed to AFMSS for CRENOD Submission)	ther Contact: JENNIFER EL ATING, LEGMail: jelrod@chisholmenergy.co 3b. Phone No. Ph: 817-953 7., R., M., or Survey Description PROPRIATE BOX(ES) TO INDICAT When the property of th	ther Contact: JENNIFER ELROD	ther Contact: JENNIFER ELROD ATING, LEGMail: jelrod@chisholmenergy.com 3b. Phone No. (include area code) Ph: 817-953-3728 T. R., M., or Survey Description) PPROPRIATE BOX(ES) TO INDICATE NATURE OF When I too Injection Acidize Casing Repair Change Plans Convert to Injection Plug and Abandon Convert to Injection Plug Back Deration: Clearly state all pertinent details, including estimated starting, ally or recomplete horizontally, give subsurface locations and measure onk will be performed or provide the Bond No. on file with BLM/BIA. d operations. If the operation results in a multiple completion or record in the propertion. The complete horizontally is give subsurface locations and measure onk will be performed or provide the Bond No. on file with BLM/BIA. d operations. If the operation results in a multiple completion or record in the propertion or record. The complete horizontally is give subsurface locations and measure onk will be performed or provide the Bond No. on file with BLM/BIA. do operations. If the operation results in a multiple completion or record. The complete horizontally is subsurface locations and measure onk will be performed or provide the Bond No. on file with BLM/BIA. The operations are recorded in the provide the Bond No. on file with BLM/BIA. The operations are recorded in the provide the Bond No. on file with BLM/BIA. The operations are recorded in a multiple completion or record. The operations are recorded in a multiple completion or record. The operations are recorded in the provided in a multiple completion or record. The operations are recorded in the provided in a multiple completion or record. The operations are recorded in the provided in a multiple completion or recorded in the provided in a multiple completion or recorded in the provided in a multiple completion or recorded in the provided in a multiple completion or recorded in a multiple completion or recorded in the provided in a multiple completion or recorded in a multiple completion or recorded i	TRIPLICATE - Other instructions on page 2 7. If Unit or CA/ 8. Well Name are COTTONWO ATING, LEQuali: jelrod@chisholmenergy.com 9. API.Well No. 30-015-437 00 - UNIT 20 9. Phone No. (include area code) Ph: 817-953-3728 11. County or Pa PREPLE S/ 8. Well Name are COTTONWO 30-015-437 10. Field and Por PURPLE S/ PURPLE S/ 8. Well Name are COTTONWO 10. Field and Por PURPLE S/ 11. County or Pa EDDY COU 11. County or Pa EDDY COU 12. TYPE OF ACTION 13. PROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR INTERPRETATION PROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR INTERPRETATION PROPRIATE BOX (ES) TO INDICATE NATURE OF NOTICE, REPORT, OR INTERPRETATION PROPRIATE BOX (ES) TO INDICATE NATURE OF NOTICE, REPORT, OR INTERPRETATION PROPRIATE BOX (ES) TO INDICATE NATURE OF NOTICE, REPORT, OR INTERPRETATION PROPRIATE BOX (ES) TO INDICATE NATURE OF NOTICE, REPORT, OR INTERPRETATION PROPRIATE ACTION PROPRIATE	TRIPLICATE - Other instructions on page 2 7. If Unit or CA/Agreement 8. Well Name and No. COTTONWOOD 29-3: ATING, LEQMail: jelrod@chisholmenergy.com 9. API Well No. 30-015-43705 30-015-43705 10. Field and Pool or Explor PURPLE SAGE;WD Ph: 817-953-3728 11. Country or Parish, State EDDY COUNTY, NI PROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER TYPE OF ACTION Acidize	