Submit 1 Copy To Appropriate District	State of New Mexico			Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources			Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240				WELL API NO. 30-015-44836
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Francis Dr.			STATE STATE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	łM			
87505 SUNDRY NOTI	CES AND REPOR	TS ON WELLS	2	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO				-
	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			OCOTILLO 6-31 STATE COM WCA
1. Type of Well: Oil Well 🔲 Gas Well 🔀 Other				8. Well Number 3H
2. Name of Operator CHISHOLM ENERGY OPERATING, LLC				9. OGRID Number 372137
3. Address of Operator 801 CHERRY STREET, SUITE 1200-UNIT 20			Т 20	10. Pool name or Wildcat
FORT WORTH, TX 76102				PURPLE SAGE; WOLFCAMP
4. Well Location				
Unit Letter P :	245 feet fro	m the SOUT	H line and	1230 feet from the EAST line
Section 6	Townsl	hip 23S R	ange 26E	NMPM EDDY County
	11. Elevation (SF	now whether DR	, RKB, RT, GR, etc	;)
		3411 GR		
NOTICE OF IN	TENTION TO:		SUI	, Report or Other Data BSEQUENT REPORT OF:
			REMEDIAL WO	
	CHANGE PLANS	_		
PULL OR ALTER CASING	MULTIPLE COM		CASING/CEMEI	
CLOSED-LOOP SYSTEM				
OTHER:			OTHER:	
of starting any proposed we	ork). SEE RULE 1			nd give pertinent dates, including estimated date ompletions: Attach wellbore diagram of
proposed completion or rec	ompletion.			NM OIL CONSERVATION
				ARTESIA DISTRICT
CASING DESIGNI				OCT 2 4 2018
CASING DESIGN: Type Hole Size Csg Si	ze Csg Wt/Ft	Setting Depth S	X Cmnt Est TOC	
SURF- 26" 20"	94# J-55	• •	895 0	
INT 1- 17.5" 13.37			210 0	RECEIVED
INT 2- 12.25" 9.62			580 0	
PROD- 8.75" 5.5"	20# P-110	19434' 3	565 0	
DV TOOL SET @ 7	00'			
				<u></u>
Spud Date:				
		KIG Kelease D	ale: I	
		Rig Release D		
		Rig Release D		
I hereby certify that the information	above is true and c	U U		lge and belief.
I hereby certify that the information	above is true and c	U U		lge and belief.
	-	omplete to the b		-
signature_Gennifer &	-	omplete to the b	egulatory Analyst	DATE10/23/2018
SIGNATURE <u>Jennifer</u> Type or print name <u>Jennifer Elrod</u>	-	omplete to the b	egulatory Analyst	-
signature_Gennifer &	Elnod	omplete to the b 	est of my knowled egulatory Analyst ss:jelrod@chish	DATE10/23/2018
SIGNATURE <u>Jennifer</u> Type or print name <u>Jennifer Elrod</u>	Elnod	omplete to the b 	egulatory Analyst	DATE10/23/2018

Conditions of Approval (if any):