I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Jennifer Elved TITLE_SR. REGULATORY TECH DATE_03/20/2019 SIGNATURE JENNIFER ELROD E-mail address: JELROD@CHISHOLMENERGY.COM PHONE: 817-953-3728 For State Use Only TITLE Petroleum Engineer DATE_03/20/2019					
Diamat (-173) 393-0101 Energy, Minerals and Natural Resources Reveal with (12, 2011) Diamat (-173) 783-0101 Diamat (-173) 783-0101 30-25-45517 Diamat (-175) 784-1233 OIL CONSERVATION DIVISION 30-25-45517 Diamat (-175) 784-1233 DIL CONSERVATION DIVISION 30-25-45517 Diamat (-175) 784-1233 South SL Francis Dr. South SL Francis Dr. Diamat (-175) 784-1233 South SL Francis Dr. South SL Francis Dr. Diamat (-175) 784-7840 Santa Fe, NM 87505 South SL Francis Dr. Diamat (-175) 784-7840 Santa Fe, NM 87505 South SL Francis Dr. Diamat (-175) 784-7840 Santa Fe, NM 87505 South SL Francis Dr. Diamat (-175) 784-7840 Santa Fe, NM 87505 South SL Francis Dr. Diamat (-175) 784-7840 South SL Francis Dr. South SL Francis Dr. Diamat (-175) 784-7840 South SL Francis Dr. South SL Francis Dr. Diamat (-175) 784-7840 South SL Francis Dr. South SL Francis Dr. Diamat (-175) 784-7840 South SL Francis Dr. South SL Francis Dr. Diamat (-175) 784-7840 South SL Francis Dr. South SL Francis Dr. Diamat (-175) 784500 South SL Francis Dr. South SL Fr	Office State of New Mexico				
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(DO NOTUSE THIS FORM FOOR PROPOSALS TO DRILL OR FOD DEPEND OR PLUG BACK TOA PROFERENT RESERVICE. SELPLICATION FOR PLUG BACK TOA PROFORALS). GRIZZLY STATE SWD 1. Type of Well: Oil Well Gas Well Other : SWD/TNJECTOOOC 8. Well Number 3. Address of Operator STREET, SUITE 540 NMR 3. Address of Operator ISP of the south of the SOUTHER STREET, SUITE 540 NMR 4. Well Location DENVER, CO 80202 4. Well Location 10. Fool name or Wildoat 9. OGRID Number Status 10. Township 215 Range 33E 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 10. Fool name or Wildoat 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: Section 10 Township 215 Range 33E 11. Elevation (Show whether DR, RKB, RT, GR, etc.) County LeA 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG ANALTER CASING County LeA 13. Describe proposed or completed operations. (Clearly state all pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 03:20/2019-3 BEAR FIELD SER		CES AND REPORTS ON WELLS	3	7 Lease Name or Unit Agreement Name	
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APPROVED BY TITLE Petroleum Engineer DATE DATE DATE DATE DATE ZO / 19		COD E-mail addres	s: JELROD@CHISHOL	MENERGY COM PHONE: 817-953-3728	
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	Conditions of Approval (If any):				