

Form 3160-5
(June 2019)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2021

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No. **NMNM097897**

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No. **JADE 34-3 FED 1BS COM/10H**

9. API Well No. **3002550018**

10. Field and Pool or Exploratory Area
TEAS/BONE SPRING

11. Country or Parish, State
LEA/NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION				
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off	
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other	
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon		
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal		

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has detennined that the site is ready for final inspection.)

SUNDRY TO AMEND INT#1 CASING DESIGN

FROM: 13.375", 54.5#, HCL-80 BTC

TO: 13.375", 54.5#, J-55 BTC

ADD STIPULATION THAT EARTHSTONE OPERATING, LLC WILL KEEP THE CASING STRING AT LEAST HALF FULL

*VERBALLY APPROVED BY R. IJABIKEN 04/22/2022

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
JENNIFER ELROD / Ph: (817) 953-3728

Title **Senior Regulatory Technician**

Signature _____ Date **04/25/2022**

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by
CHRISTOPHER WALLS / Ph: (575) 234-2234 / Approved

Title **Petroleum Engineer** Date **12/28/2022**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office **CARLSBAD**

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

GENERAL INSTRUCTIONS

This form is designed for submitting proposals to perform certain well operations and reports of such operations when completed as indicated on Federal and Indian lands pursuant to applicable Federal law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local area or regional procedures and practices, are either shown below, will be issued by or may be obtained from the local Federal office.

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NOTICES

The privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

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ROUTINE USES: Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions in connection with congressional inquiries or to consumer reporting agencies to facilitate collection of debts owed the Government.

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The Paperwork Reduction Act of 1995 requires us to inform you that:

The BLM collects this information to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

Response to this request is mandatory.

The BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

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Additional Information

Location of Well

0. SHL: NWNW / 270 FNL / 1125 FWL / TWSP: 19S / RANGE: 33E / SECTION: 34 / LAT: 32.623224 / LONG: -103.655939 (TVD: 0 feet, MD: 0 feet)

PPP: NWNW / 100 FNL / 1280 FWL / TWSP: 19S / RANGE: 33E / SECTION: 34 / LAT: 32.623691 / LONG: -103.655435 (TVD: 9246 feet, MD: 9617 feet)

BHL: SWSW / 100 FSL / 1280 FWL / TWSP: 20S / RANGE: 33E / SECTION: 3 / LAT: 32.59517 / LONG: -103.655606 (TVD: 9246 feet, MD: 19134 feet)

Form 3160-5
(June 2019)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2021

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5. Lease Serial No. **NMNM097897**

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No. **JADE 34-3 FED 1BS COM/10H**

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TEAS/BONE SPRING

11. Country or Parish, State
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12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION				
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off	
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity	
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other	
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon		
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SUNDRY TO AMEND FTP & LTP/BHL

FTP:

FROM: D-34-19S-33E; 100 FNL, 1280 FWL

TO: C-34-19S-33E; 100 FNL, 1830 FWL

LTP/BHL:

FROM: M-3-20S-33E; 100 FSL, 1280 FWL

TO: N-3-20S-33E; 100 FSL, 1830 FWL

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
JENNIFER ELROD / Ph: (817) 953-3728

Title **Senior Regulatory Technician**

Signature _____ Date **04/25/2022**

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by
CHRISTOPHER WALLS / Ph: (575) 234-2234 / Approved

Title **Petroleum Engineer** Date **12/28/2022**

Office **CARLSBAD**

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SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit of CA/Agreement, Name and/or No.
2. Name of Operator CHISHOLM ENERGY OPERATING LLC		8. Well Name and No. JADE 34-3 FED 1BS COM/10H
3a. Address 801 Cherry St., Suite 1200 Unit 20, Fort Worth, TX	3b. Phone No. (include area code) (817) 469-1104	9. API Well No. 3002550018
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEC 34/T19S/R33E/NMP		10. Field and Pool or Exploratory Area TEAS/BONE SPRING
		11. Country or Parish, State LEA/NM

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CHANGE SHL
FROM: D-34-19S-33E; 270 FNL, 1125 FWL
TO: C-34-19S-33E; 270 FNL, 1345 FWL

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed) JENNIFER ELROD / Ph: (817) 953-3728	Title Senior Regulatory Technician
Signature	Date 04/25/2022

THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by CODY LAYTON / Ph: (575) 234-5959 / Approved	Title Assistant Field Manager Lands & I	Date 05/13/2022
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office CARLSBAD

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DISTRICT I
 1825 N. French Dr., Hobbs, NM 88240
 Phone (575) 393-8161 Fax: (575) 393-0720

DISTRICT II
 811 S. First St., Artesia, NM 88210
 Phone (575) 748-1283 Fax: (575) 748-9720

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410
 Phone (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
 1226 S. St. Francis Dr., Santa Fe, NM 87505
 Phone (505) 476-3480 Fax: (505) 476-3482

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 Revised August 1, 2011

Submit one copy to appropriate
 District Office

OIL CONSERVATION DIVISION
 1226 South St. Francis Dr.
 Santa Fe, New Mexico 87505

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
	58960	TEAS; BONE SPRING
Property Code	Property Name	Well Number
323001	JADE 34-3 FED 1BS COM	10H
OGRID No.	Operator Name	Elevation
372137	CHISHOLM ENERGY OPERATING, LLC	3564'

Surface Location

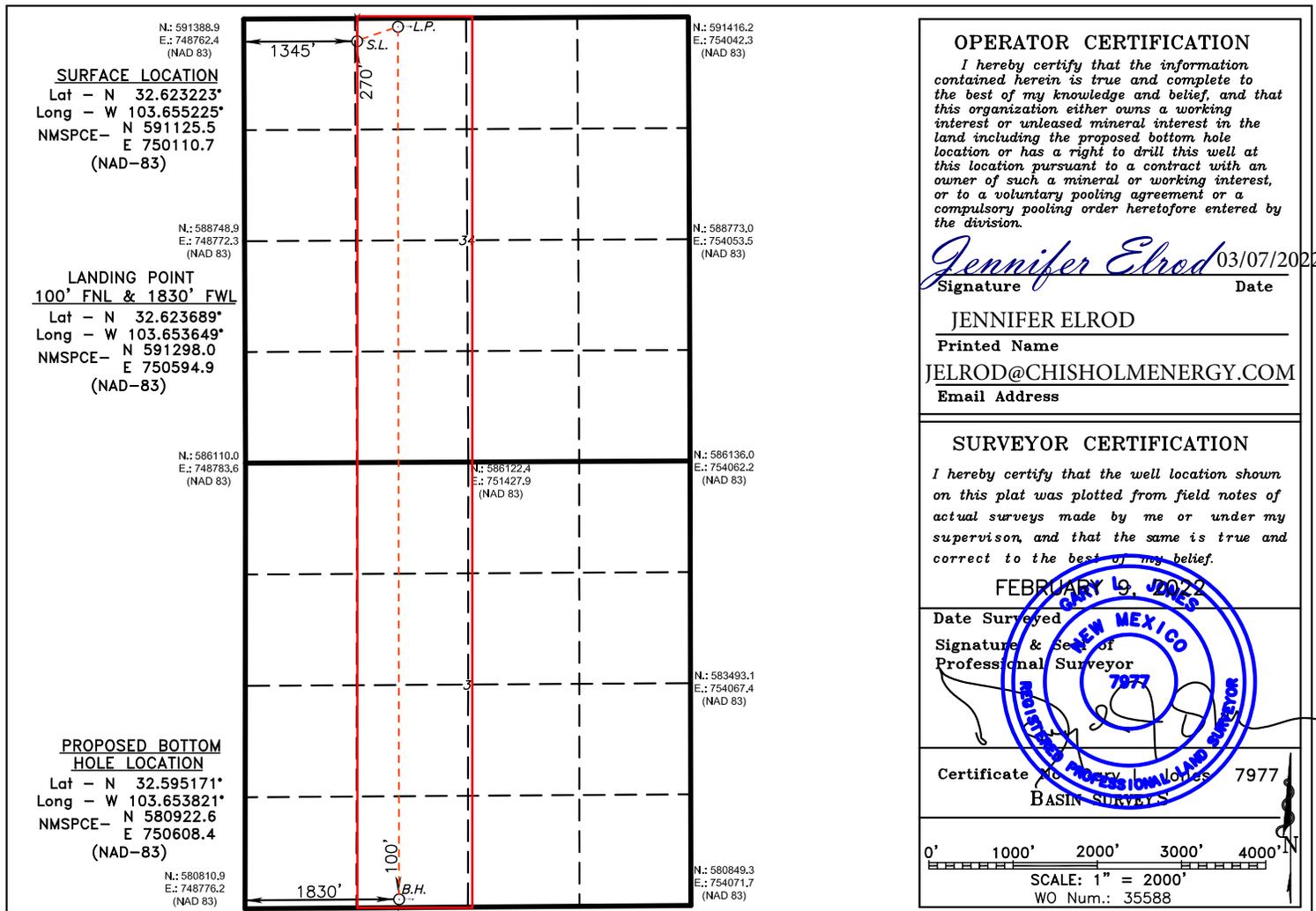
UL or lot No.	Section	Township	Range	Lot Idn	FEET from the	North/South line	FEET from the	East/West line	County
C	34	19 S	33 E		270	NORTH	1345	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	FEET from the	North/South line	FEET from the	East/West line	County
N	3	20 S	33 E		100	SOUTH	1830	WEST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



Intent As Drilled

API #									
Operator Name:					Property Name:				Well Number

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
Latitude					Longitude				NAD

First Take Point (FTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
Latitude					Longitude				NAD

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
Latitude					Longitude				NAD

Is this well the defining well for the Horizontal Spacing Unit?

Is this well an infill well?

If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API #									
Operator Name:					Property Name:				Well Number

KZ 06/29/2018

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State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 Revised August 1, 2011

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 District Office

OIL CONSERVATION DIVISION
 1226 South St. Francis Dr.
 Santa Fe, New Mexico 87505

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number		Pool Code	Pool Name
		58960	TEAS; BONE SPRING
Property Code	Property Name		Well Number
323001	JADE 34-3 FED 1BS COM		10H
OGRID No.	Operator Name		Elevation
372137	CHISHOLM ENERGY OPERATING, LLC		3564'

Surface Location

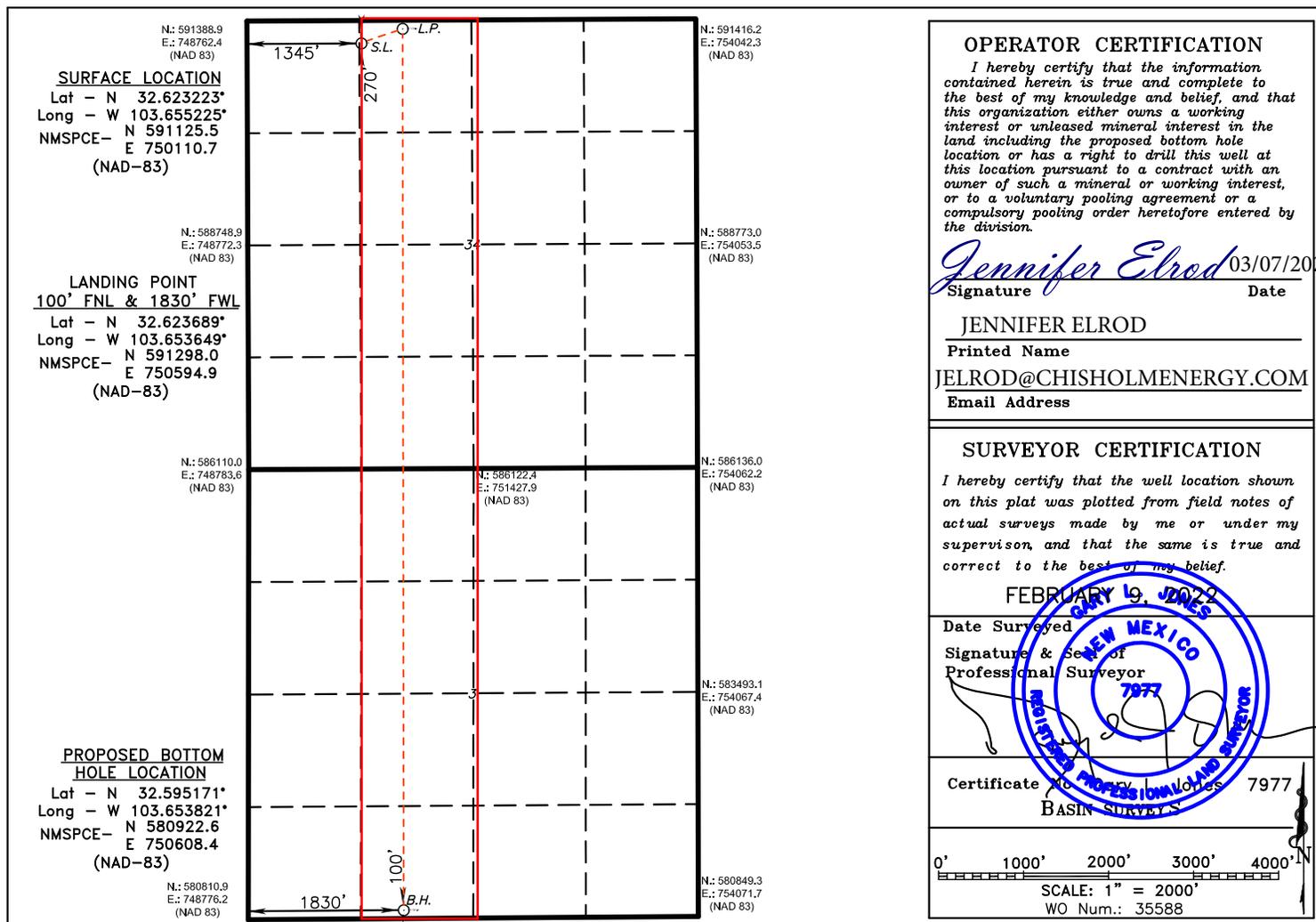
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Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



Intent As Drilled

API #									
Operator Name:					Property Name:				Well Number

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
Latitude					Longitude				NAD

First Take Point (FTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
Latitude					Longitude				NAD

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
Latitude					Longitude				NAD

Is this well the defining well for the Horizontal Spacing Unit?

Is this well an infill well?

If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API #									
Operator Name:					Property Name:				Well Number

KZ 06/29/2018

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone:(575) 393-6161 Fax:(575) 393-0720

District II
 811 S. First St., Artesia, NM 88210
 Phone:(575) 748-1283 Fax:(575) 748-9720

District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
 1220 S. St Francis Dr., Santa Fe, NM 87505
 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS
 Action 215203

CONDITIONS

Operator: Earthstone Operating, LLC 1400 Woodloch Forest; Ste 300 The Woodlands, TX 77380	OGRID: 331165
	Action Number: 215203
	Action Type: [C-103] NOI Change of Plans (C-103A)

CONDITIONS

Created By	Condition	Condition Date
pkautz	None	6/6/2023