

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-34948
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name GRAMA RIDGE EAST 34 STATE
8. Well Number 1
9. OGRID Number 372137
10. Pool name or Wildcat GRAMA RIDGE; BONE SPRING, NE

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
CHISHOLM ENERGY OPERATING, LLC

3. Address of Operator 801 CHERRY STREET, SUITE 120-UNIT 20  
FORT WORTH, TX 76102

4. Well Location  
Unit Letter H : feet from the 1548 line and 990 feet from the EAST line  
Section 34 Township 21S Range 34E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3679 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: TA EXTENSION ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give 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.

12/06/2018-REQUESTING A 6 MONTH TA EXTENSION; CURRENT TA EXPIRES 12/20/2018 PLUGGING COMPANY HAD US ON SCHEDULE TO PLUG IN SEPTEMBER, THEN THEY PUSHED THE DATE BACK TO DECEMBER; WE ARE CURRENTLY SEARCHING FOR ANOTHER PLUGGING COMPANY AND HAVE ALREADY FILED PLUGGING C-103'S FOR THIS WELL.

12/18/2018-MIT COMPLETED; START @ 565 PSI; ENDED @ 565 PSI; 32 MIN TEST; GOOD TEST; WITNESSED BY GARY ROBINSON- OCD

This Approval of Temporary  
Abandonment Expires 6/18/19  
6 month Extension

Spud Date: 03/07/2000

Rig Release Date: 06/09/2000

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jennifer Elrod TITLE SR. REGULATORY ANALYST DATE 12/18/2018

Type or print name JENNIFER ELROD E-mail address: jelrod@chisholmenergy.com PHONE: 817-872-7822

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Supervisor DATE 12/18/18

Conditions of Approval (if any).

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Chisholm Energy</i>	API Number <i>30-025-34948</i>
Property Name <i>GRAMA Ridge East 34 ST.</i>	Well No. <i>#1</i>

Surface Location									
UL - Lot <i>H</i>	Section <i>34</i>	Township <i>21S</i>	Range <i>34E</i>		Feet from <i>1548</i>	N/S Line <i>N</i>	Feet From <i>990</i>	E/W Line <i>E</i>	County <i>LEA</i>

Well Status									
TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJ	INJECTOR SWD	OIL	PRODUCER <input checked="" type="checkbox"/> GAS	DATE <i>12-18-18</i>	

OBSERVED DATA

	(A)Surface	(B)Intern(1)	(C)Intern(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>NONE</i>
Flow Characteristics					
Pull	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Type of fluid injected for waterflood if applies
Gas or Oil	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	
Water	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*T/A TEST*

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>mb</i>
E-mail Address:	
Date:	Phone:
Witness: <i>Ray Holman</i>	

INSTRUCTIONS ON BACK OF THIS FORM

6 AM

Start

T/A TEST

Chisholm Energy

Grana Ridge EXT 34 ST #1

30-025-34948

H 31-215-34E

cal date 10-12-18

Des. # 202H-216400

1000 #

60 min.

Start

End 565 #

32 min.

Mary Robinson - OCO  
IT Pump Tak.

CHART NO. MC MP-1000

METER

CHART PUT ON

LOCATION

TAKEN OFF

12-18-18

REMARKS

avg used

gub