

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

RECVD 11/13/20

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-025-44144
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 DOODLE BUG STATE SWD
8. Well Number 1
9. OGRID Number 372603
10. Pool name or Wildcat SWD; DEVONIAN-SILURIAN (97869)

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD	
2. Name of Operator 3BEAR FIELD SERVICES, LLC	
3. Address of Operator 1512 LARIMER ST., SUITE 540 DENVER, CO 80202	
4. Well Location Unit Letter <u>G</u> : <u>1498</u> feet from the <u>NORTH</u> line and <u>2390</u> feet from the <u>EAST</u> line Section <u>16</u> Township <u>22S</u> Range <u>33E</u> NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3554.5	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	INT. 1, 13.375" CSG/CMNT
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

11/08/-11/09/2020-DRILL INT. 1, 17.5" HOLE TO 5063'MD
11/09/2020-NOTIFIED OCD OF INTENT TO RUN AND CMNT 13.375" CSG STRING
11/09-11/10/2020-RUN 28 JTS OF 13.375", 68#, J-55 CSG SET @ 5058'MD, W/DV TOOL SET @ 3821'MD
11/10/2020-CMNT 13.375" INT. 1 CSG W/210 BBLs (415 SXS) CLASS C LEAD CMNT @ 2.79 YIELD FOLLOWED BY 124 BBLs (555 SXS) CLASS C TAIL CMNT @ 1.33 YIELD W/140 BBLs (281 SXS) CMNT CIRCULATED TO SURF.
-OPEN DV TOOL
-CMNT 2ND STAGE W/1202 BBLs (2420 SXS) CLASS C CMNT @ 2.79 YIELD W/578 BBLs (1163 SXS) CMNT CIRCULATED TO SURF.
-WOC 8 HOURS
-NOTIFIED OCD OF INTENT TO TEST BOB SYSTEM
11/11/2020-TEST BOP PIPE, BLIND KILL INE, CHOKE VALVES, & FLOOR VALVES 250 LOW/5000, 10 MIN EA. TEST; ALL GOOD TEST; TEST ANNULAR 250 LOW/2500 HIGH, 10 MIN, ; GOOD TEST.
-DRILL DV TOOL
11/12/2020-TEST 13.375" INT. 1 CSG, 1500 PSI, 30 MIN, GOOD TEST

Spud Date:

10/30/2020

Rig Release Date:

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 11/13/2020

Type or print name JENNIFER ELROD E-mail address: jelrod@chisholmenergy.com PHONE: 817-953-3728

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):