

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

OH CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
HOBBBS
APR 17 2018
RECEIVED

WELL API NO. 30-025-43906
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 GAZELLE 32 STATE COM 2BS
8. Well Number 1H
9. OGRID Number 372137
10. Pool name or Wildcat CORBIN; BONE SPRING, SOUTH

<p>SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSAL TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p>	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator CHISHOLM ENERGY OPERATING, LLC	
3. Address of Operator 801 CHERRY ST., SUITE 1200-UNIT 20 FORT WORTH, TX 76102	
4. Well Location Unit Letter D: 200 feet from the NORTH line and 1310 feet from the WEST line Section 32 Township 18S Range 33E NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3759 GR	

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

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

COMPLETIONS SUNDRY:

12/29/17-RAN CBL, TOC
 12/30/17-TESTED PROD CSG TO 8500 PSI, 30 MIN, GOOD TEST; TOE PREP
 01/13-01/28/18-COMPLETIONS OPERATIONS; PERFORATE 10020'-14590';
 FRACTURE W/551 BBLs HCl +948096 BBLs SW W/2508170# 20/40 + 4614435#
 100 MESH SAND.
 01/29-01/31/2018-DRILL OUT PLUGS
 02/06/18-SET PKR; INSTALL TBG SET @ 9313 & GL VALVES
 02/08/2018-START FLOWBACK
 02/10/2018-1ST OIL
 02/27/2018-PULL TBG; INSTALL ESPAND RUN TBG SET @ 9065'
 03/08/2018-1ST GAS (C-129 APPROVAL 3/8/18)

Spud Date:

11/02/2017

Rig Release Date:

11/27/2017

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 04/13/2018

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

For State Use Only

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 4-12-18
 Conditions of Approval (if any):