

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. 30-025-45222
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 OUTLAND STATE UNIT 11-2 1BS
8. Well Number 21H
9. OGRID Number 372137
10. Pool name or Wildcat PRAMA RIDGE; BONE SPRING, NORTH (28434)

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	HOBBS OCD
2. Name of Operator CHISHOLM ENERGY OPERATING, LLC	APR 02 2019
3. Address of Operator 801 CHERRY STREET, SUITE 1200-UNIT 20 FORT WORTH, TX 76102	RECEIVED
4. Well Location Unit Letter O 225 feet from the SOUTH line and 1630 feet from the EAST line Section 11 Township 21S Range 34E NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3670.6	

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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: COMPLETIONS OPERATIONS <input checked="" 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.

02/05/2019-RAN CBL, EST TOC @ SURFACE

02/08/2019-SET PLUG AT 16941'; PRESSURE TEST CSG TO 9500 PSI, 30 MIN, GOOD TEST. PERFORATE STAGE 1 16930'-16780'

02/12-02/18/2019-PERFORATE STAGES 2-35, 16750'-9640'; FRACTURE ALL STAGES W/854 BBLS HCI + 233546 BBLS SW W/7046061# 100 MESH + 3850936 # 40/70 SAND

02/19-02/20/2019-DRILLOUT

03/29/2019-TURN TO PRODUCTION/BEGIN FLOWBACK

Spud Date:

11/21/2018

Rig Release Date:

01/28/2019

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 04/03/2019

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 4-4-19
Conditions of Approval (if any):