

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

**HOBBS OCD**  
NOV 14 2019  
**RECEIVED**

**BRADENHEAD TEST REPORT**

Operator Name <i>Chisholm Energy</i>		API Number <i>30-025-34390</i>	
Property Name <i>JADE 34 Fed.</i>		Well No. <i>1</i>	

**Surface Location**

UL - Lot <i>I</i>	Section <i>34</i>	Township <i>19S</i>	Range <i>34E</i>	Feet from <i>1900</i>	NS Line <i>S</i>	Feet from <i>1150</i>	E/W Line <i>E</i>	County <i>LEA</i>
----------------------	----------------------	------------------------	---------------------	--------------------------	---------------------	--------------------------	----------------------	----------------------

**Well Status**

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJ <input type="checkbox"/>	INJECTOR <input type="checkbox"/>	SWD <input type="checkbox"/>	OIL <input type="checkbox"/>	PRODUCER <input checked="" type="checkbox"/> GAS	DATE <i>11-8-19</i>
--	--	---------------------------------	--------------------------------------	---------------------------------	---------------------------------	---	------------------------

**OBSERVED DATA**

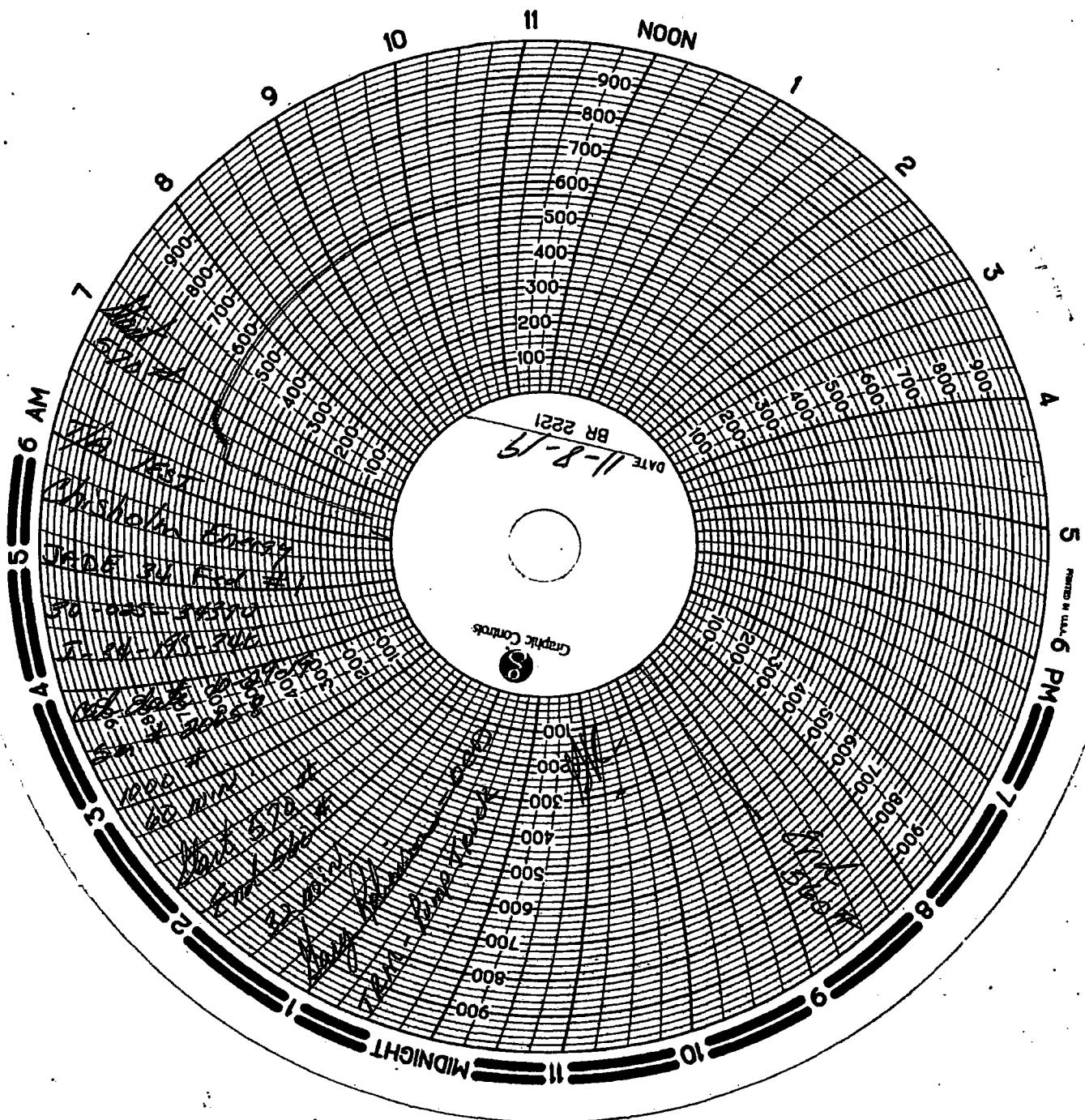
	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Cng	(E) Tubing
Pressure					<i>NONE</i>
<b>Flow Characteristics</b>					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ...
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ...
Surges	Y / N	Y / N	Y / N	Y / N	GAS ...
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood if
					applies

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

*T/P TEST*

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

INSTRUCTIONS ON BACK OF THIS FORM



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**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.*

<b>SUBMIT IN TRIPLICATE - Other Instructions on page 2</b>		5. Lease Serial No. NMNM97896
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. JADE 34 FEDERAL 1
2. Name of Operator CHISHOLM ENERGY OPERATING, LLC Contact: JENNIFER ELROD Email: JELROD@CHISHOLMENERGY.COM		9. API Well No. 30-025-34390
3a. Address 801 CHERRY STREET SUITE 1200-UNIT 20 FORT WORTH, TX 76102	3b. Phone No. (include area code) Ph: 817-953-3728	10. Field and Pool or Exploratory Area TEAS; BONE SPRING
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 34 T19S R33E Mer NMP 1890FSL 1150FEL		11. County or Parish, State LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" 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 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 determined that the site is ready for final inspection.

08/06/2019-No tubing in well; set CIBP @9009 & dump bail 35' of Class C cmnt  
 \*\*BLM notified prior to MIT\*\*  
 11/08/2019-Perform MIT; Gary Robinson with OCD-Dist. 1, Hobbs was on location for witness. Start @ 570 psi, End 560 psi; 32 min. Good Test. MIT Complete.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #492272 verified by the BLM Well Information System For CHISHOLM ENERGY OPERATING, LLC, sent to the Hobbs	
Name (Printed/Typed) JENNIFER ELROD	Title SR REGULATORY ANALYST
Signature (Electronic Submission)	Date 11/13/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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 _____

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)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

762 NMUCD 12-26-19

**FOR RECORD ONLY**

**TEMORARILY ABANDONED**  
**WELLBORE DIAGRAM**  
**11/08/2019**

Page 5 of 9

LEASE: Jade 34 Federal	WELL: 1	FIELD: Gem East	API: 30-025-34390
LOC: 1980 FSL & 1150 FEL	SEC:	BLK:	Reservoir: Morrow
SVY: Sec. 34, T19S, R33E	GL: 3583	CTY/ST:	SPUD: 5/2/1998
CURRENT STATUS: TA	KB: 3600	DF: 3599	TD DATE: 6/22/1998
			COMP. DATE: 8/6/1998

FRESH WATER  
DEPTH:

HOLE SIZE: 18-1/2  
 SURF CSG & SIZE: 16" 65#, 75# & 85#  
 SET @: 1345  
 SXSCMT: 760  
 CIRC: 317 sx  
 TOC AT: Surf  
 TOC BY: Circ

\*\*\*\*\*GEOLOGY\*\*\*\*\*

TOPS OF ALL ZONES  
 PRODUCTIVE OF HYDRO-  
 CARBONS:

HOLE SIZE: 14-3/4  
 INT. CSG & SIZE: 11-3/4 65#  
 SET @: 3540  
 SXSCMT: 1200  
 CIRC: 160 sx  
 TOC AT: Surf  
 TOC BY: Circ

CURRENT PERFS:

9149-9525

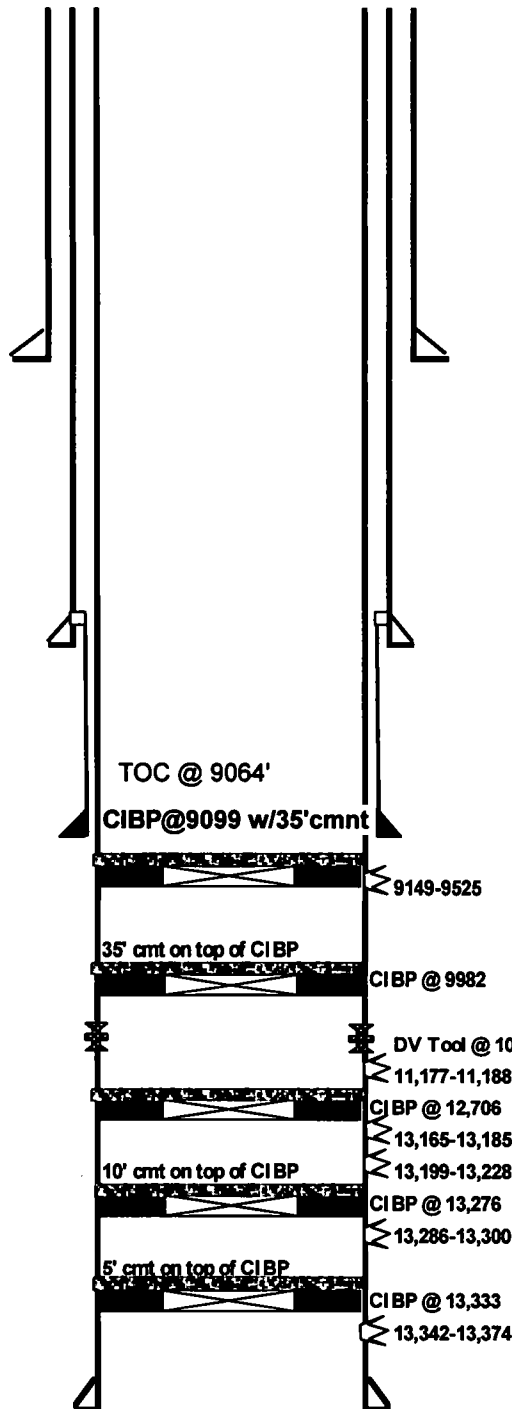
TBG:  
 JTS:  
 SN:  
 TAC:  
 ROD SIZE:

HOLE SIZE: 10-5/8  
 Liner SIZE: 8-5/8 32#  
 SET @: 5250  
 TOL: 3345  
 SXSCMT: 400  
 CIRC: 3345  
 TOC AT: 3345  
 TOC BY:

SQUEEZE JOBS:

PKR:  
 TYPE:

OH ID:  
 COTD:  
 PBTD: 9947'  
 TD: 13690



HOLE SIZE: 7-7/8  
 PROD. CSG & SIZE: 5-1/2 17 & 20#  
 SET @: 13690  
 SXSCMT: 1st stg: 755 sx, 2nd stg: 1750 sx  
 CIRC: yes - both stages  
 TOC AT: Surf  
 TOC BY: Circ

OPEN HOLE:

LINER:

BY: RR  
 7/18/2019

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. 30-025-34390
5. Indicate Type of Lease STATE <input type="checkbox"/> FED MIT/TA <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name JADE 34 FEDERAL
8. Well Number 1
9. OGRID Number 372137
10. Pool name or Wildcat TEAS; BONE SPRING

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 : SWD/INJECTION

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 : 1890 feet from the SOUTH line and 1150 feet from the EAST line  
Section 34 Township 19S Range 33E NMPM County LEA

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

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: ☐

SUBSEQUENT REPORT OF:

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

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.

11/13/2019-PLEASE SEE ATTACHED T/MIT SUNDRY SUBMITTED TO  
BLM ALONG WITH WBD, AND SUCCESSFUL MIT FOR THE WELL  
REFERENCED ABOVE.

Spud Date:

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 11/13/2019

Type or print name JENNIFER ELROD

E-mail address: JELROD@CHISHOLMENERGY.COM PHONE: 817-953-3728

For State Use Only

APPROVED BY: Kerry Fute TITLE C.O. A DATE 12-26-19

Conditions of Approval (if any):

FOR RECORD ONLY