arlsbad Field (UNITED STATES DEPARTMENT OF THE INTER **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB NO. 1004-0137

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his form for proposals to drill or to re-c	inter an	

SUNDR Do not use th abandoned well. Use form 3160-3 (APD) for such proposals.

6. If Indian, Allottee or Tribe Name

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SUBMIT IN TRIPLICATE - Oth	er instructions on page	7. If Unit or CA/Agreement, Name and/or No. NMNM101340
I. Type of Well ☐ Oil Well ☑ Gas Well ☐ Other	7 8 3	8. Well Name and No. JADE 34 FEDERAL COM 01
Name of Operator Co CHISHOLM ENERGY OPERATING LLEGMail: jelro	ntact: JENNIFER ELROD od@chisholmenergy.com	9. API Well No. 30-025-34390-00-S1
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
4. Location of Well (Footage, Sec., T., R., M., or Survey Des	cription)	11. County or Parish, State
Sec 34 T19S R33E NESE 1980FSL 1150FEL		LEA COUNTY, NM
12. CHECK THE APPROPRIATE BO	X(ES) TO INDICATE NATURE OF NOT	ICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	ON

□ Water Shut-Off □ Acidize □ Deepen ☐ Production (Start/Resume) ☐ Notice of Intent ☐ Alter Casing ☐ Hydraulic Fracturing □ Reclamation Well Integrity Subsequent Report □ Casing Repair ☐ New Construction ☐ Recomplete ☐ Other ☐ Final Abandonment Notice ☐ Change Plans □ Plug and Abandon Temporarily Abandon □ Convert to Injection ☐ Plug Back 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 recomplete 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 recompletion 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.

TA Status Approved till 7/24/2020

14. I hereby certify	that the foregoing is true and correct. Electronic Submission #492272 verifie For CHISHOLM ENERGY OPER Committed to AFMSS for processing by PR	ATING	LLC. sent to the Hobbs	
Name (Printed/1	yped) JENNIFER ELROD	Title	SR. REGULATORY ANALYS	ST
	· ·	_	······································	
Signature	(Electronic Submission)	Date	11/13/2019	
	THIS SPACE FOR FEDERA	AL OR	STATE OFFICE USE	
Approved By	/s/ Jonathon Shepard	Title	Pe	NOV 1 9 2019 Date
certify that the applica	al, if any, are attached. Approval of this notice does not warrant or ant holds legal or equitable title to those rights in the subject lease he applicant to conduct operations thereon.	Office	· CFO	
Title 18 U.S.C. Section States any false, fict	on 1001 and Title 43 U.S.C. Section 1212, make it a crime for any patitious or fraudulent statements or representations as to any matter w	erson kno rithin its	owingly and willfully to make of jurisdiction.	lepartment or agency of the United
(Instructions on page	2) *** BLM REVISED ** BLM REVISED ** BLM RIVISED **	EVISE	D ** BLM REVISED ** BLM	REVISED
	Y 2 NMOCD 17-	20	- 19	ONL

NMOCD 17-20-19

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

BRADENHEAD TEST REPORT 30-025-34390 Property Name ³ Surface Location Feet from N/S Line EAY Line Range Fret From County 34E 1900 Œ 1150 Well Status TA'D WELL INJECTOR SHUT-IN PRODUCER DATE YES XES NO NO INJ SWD OIL GAS

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csng	(E)Tubing
Pressure		/			NONE
Flow Characteristics		/	/		
Puff	Y / N	Y / N/	Y/N	Y / N	CO2
Steady Flow	Y / N	YIA	Y/N/	Y/N	WTR_
Surges	YIN	Y/ N	Y / M	Y / N	GAS
Down to nothing	Y/N	N/ N	y/ N	Y/N	Injected for Waterfland if
Gas or Oil	Y/N	/ Y / N	/Y / N	Ϋ́N	ettiger Avenage
Water	Y / N	Y/N	Y / N	Y / N	

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

Signature: O		OIL CONSERVATION	CONSERVATION DIVISION		
Printed name:		Entered into RBDMS	1/1/1		
Title:		Re-test /	2-11		
E-mail Address:	, 0		1		
Date:	Phone:	/ '	/ 		
	Williess Jary Kolinson				

INSTRUCTIONS ON BACK OF THIS FORM

