

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office  
OCD/Hobbs

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.*

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM107396
2. Name of Operator CHISHOLM ENERGY OPERATING LLC Contact: JENNIFER ELROD Email: jelrod@chisholmenergy.com		6. If Indian, Allottee or Tribe Name
3a. Address 801 CHERRY STREET SUITE 1200 UNIT 20 FORT WORTH, TX 76102	3b. Phone No. (include area code) Ph: 817-953-3728	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T18S R34E SWSE 330FSL 1830FEL		8. Well Name and No. WAPITI 31 FEDERAL 02
		9. API Well No. 30-025-37643-00-S1
		10. Field and Pool or Exploratory Area EK-YATES-7RVRS-QUEEN
		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 checked="" 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.

08/05/2019-Pulled Rods  
08/06/2019-Pulled Tubing  
08/07/2019-Set CIBP @ 9050'; Dump Bail 35' of Cmmt w/TOC @ 9015'MD.

24 NOTIFICATION GIVEN TO BLM PRIOR TO PERFORMING MIT TEST  
11/08/2019-Perform MIT, Gary Robinson OCD-Hobbs on location to witness test. Start @ 620 psi, End @ 600 psi, 32 min; good test. TA Complete.

TA Status Approved thru 7/24/2020

14. I hereby certify that the foregoing is true and correct. Electronic Submission #492302 verified by the BLM Well Information System For CHISHOLM ENERGY OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 11/15/2019 (19PP2568SE)	
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 /s/ Jonathon Shepard	Title PE	NOV 19 2019
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 CFO	

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 any statement 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)

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED

XZ NMOC 12-20-19

FOR RECORD ONLY

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

BRADENHEAD TEST REPORT

Operator Name <i>Chisholm Energy</i>		API Number <i>30-025-37643</i>	
Property Name <i>WAPITI 31 Fed.</i>		Well No. <i>#2</i>	

1. Surface Location

UL - Lot <i>0</i>	Section <i>31</i>	Township <i>18S</i>	Range <i>34E</i>	Feet from <i>330</i>	N/S Line <i>S</i>	Feet From <i>1830</i>	E/W Line <i>E</i>	County <i>LEA</i>
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Well Status

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

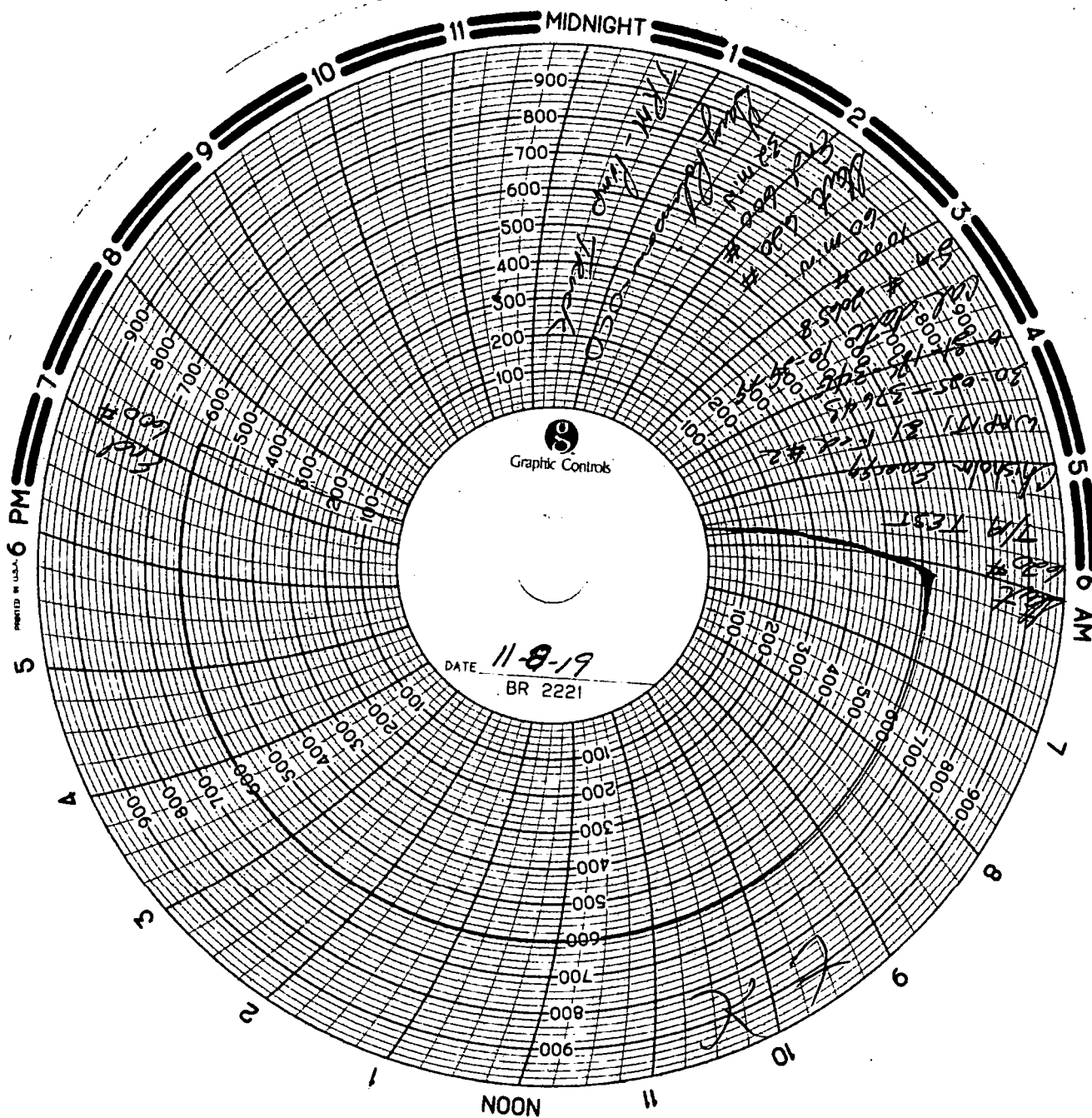
	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>			<i>0</i>	<i>NONE</i>
Flow Characteristics					
Puff	Y <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	CO2
Steady Flow	Y <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	WTR
Surges	Y <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	GAS
Down to nothing	Y <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	Injected for
Water	Y <input checked="" type="checkbox"/> N	Y / N	Y / N	Y / N	Waterhead 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/A TEST*

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

INSTRUCTIONS ON BACK OF THIS FORM





# **Wapiti 31 Federal 2**

**API # 30-025-37643**

TEMPORARILY ABANDONED WBD

11/08/2019

