

Submit a 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

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.)		WELL API NO. 30-025-44144
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator 3BEAR FIELD SERVICES, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1512 LARIMER ST., SUITE 540 DENVER, CO 80202		7. Lease Name or Unit Agreement Name DOODLE BUG STATE SWD
4. Well Location Unit Letter <u>G</u> : <u>1498</u> feet from the <u>NORTH</u> line and <u>2390</u> feet from the <u>EAST</u> line Section <u>16</u> Township <u>22S</u> Range <u>33E</u> NMPM LEA County		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3554.5		9. OGRID Number 372603
		10. Pool name or Wildcat SWD; DEVONIAN-SILURIAN (97869)

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: MECHANICAL INTEGRITY TEST <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.

12/31/2020- MIT Conducted; Gary Robinson w/OCD Dist. 1 was notified of MIT and all charts were sent to him after completion. Due to COVID-19 restrictions no OCD representative was onsite during MIT. Start w/520 PSI, End 520 psi; MIT was successful, Chart attached.

Spud Date:

10/30/2020

Rig Release Date:

12/27/2020

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 01/04/2021

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

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 1/28/21

Conditions of Approval (if any):

District I
1625 N French Dr, Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

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

BRADENHEAD TEST REPORT

Operator Name 3 Bear Field Services LLC	API Number 30-025-44144
Property Name Doodle Bug State SWD	Well No. #1

1. Surface Location

UL - Lot G	Section 16	Township 23S	Range 33E	Feet from 1498	N/S Line FNL	Feet From 2390	E/W Line FEL	County LEA
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Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	INJ NO	INJECTOR SWD	OIL NO	PRODUCER NO	GAS NO	DATE 12-31-2020
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	Cemented	N/A	N/A	Ø	Ø
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / (N)	CO2 WTR ____ GAS ____ Type of Fluid Injected for Waterflood if applies
Steady Flow	Y / N	Y / N	Y / N	Y / (N)	
Surges	Y / N	Y / N	Y / N	Y / (N)	
Down to nothing	Y / N	Y / N	Y / N	(Y) / N	
Gas or Oil	Y / N	Y / N	Y / N	Y / (N)	
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.

- CASING WAS FULL OF WATER (NO PRESSURE)

Signature: Ally D Howard	OIL CONSERVATION DIVISION
Printed name: Ally Howard	Entered into RBDMS
Title: Consultant	Re-test
E-mail Address: allyd.howard@gmail.com	K7
Date: 12-31-2020	
Phone:	
Witness: Howard J	

INSTRUCTIONS ON BACK OF THIS FORM

Received by OCD: 1/4/2021 8:49:05 AM

Page 3 of 5

American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS, NM 88240

T0: TRM

DATE: 12/29/20

This is to certify
I **Dustin Stewart, Technician for American Valve & Meter Inc.**
has checked the calibration of the following instrument.

8''_Pressure recorder

Ser#20658

at these points:

Pressure #1000

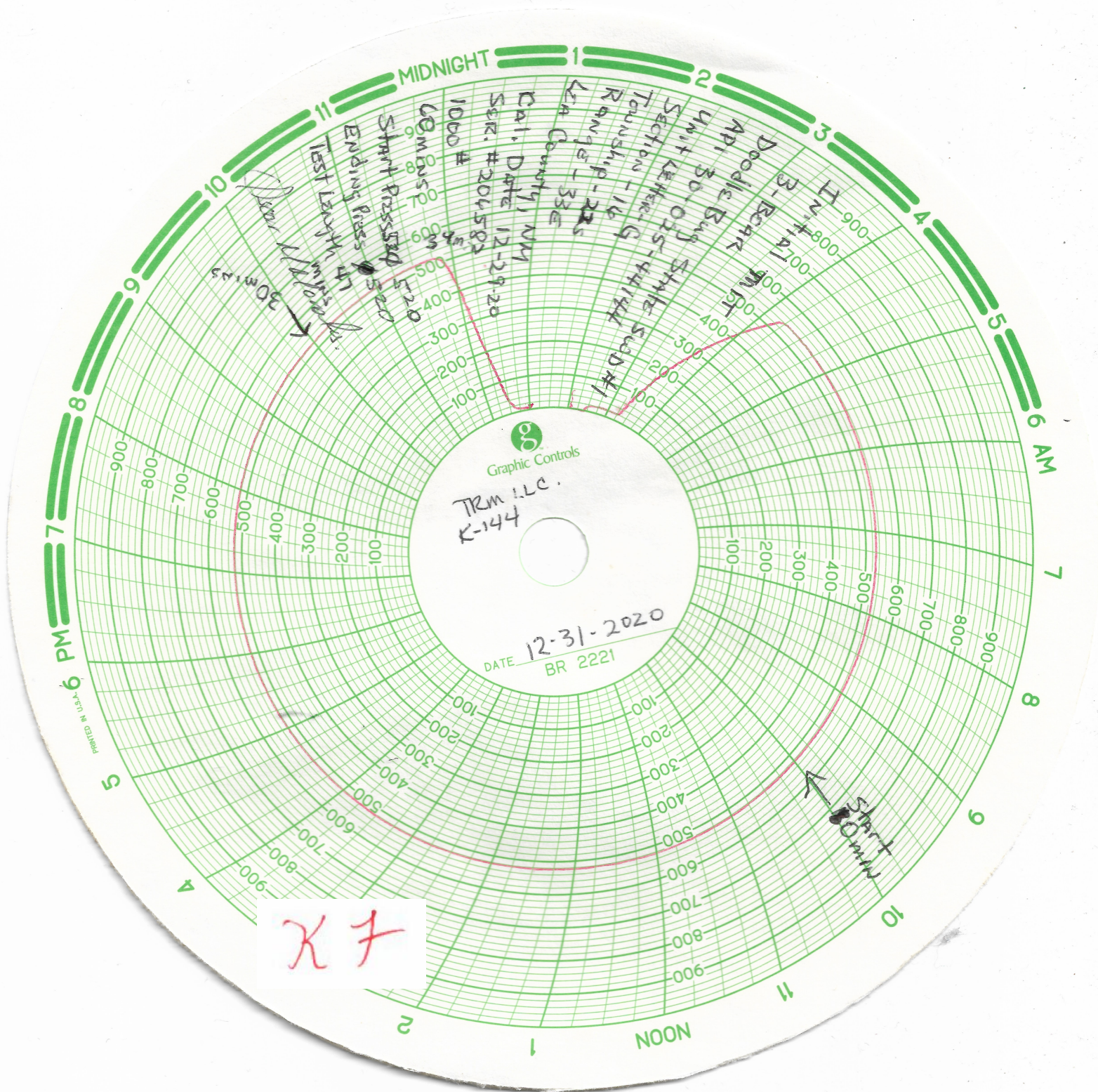
Temperature *or Pressure #

Test	Found	Left	Test	Found	Left
- 0	-	- 0	-	-	-
- 500	-	- 500	-	-	-
- 700	-	- 700	-	-	-
- 1000	-	- 1000	-	-	-
- 200	-	- 200	-	-	-
- 0	-	- 0			

Remarks:

Signature:





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Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 13544

CONDITIONS OF APPROVAL

Operator: 3BEAR FIELD SERVICES, LLC			1512 Larimer St, Suite 540	Denver, CO80202	OGRID: 372603	Action Number: 13544	Action Type: C-103Z
OCD Reviewer					Condition		
kfortner					None		