

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-42625
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CLETUS 28 STATE COM
8. Well Number 4H
9. OGRID Number 372137
10. Pool name or Wildcat DIAMOND MOUND; UPPER PENN (G)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 [X] Other [ ]
2. Name of Operator CHISHOLM ENERGY OPERATING, LLC
3. Address of Operator 801 CHERRY STREET, SUITE 1200-UNIT 20 FORT WORTH, TX 76102
4. Well Location
Unit Letter P : 175 feet from the SOUTH line and 660 feet from the EAST line
Section 28 Township 23S Range 26E NMPM County EDDY

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: MIT FOR TA EXTENSION [X]

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.

PLEASE SEE THE ATTACHED MIT FOR THE APPROVED TA EXTENSION THAT WAS FILED IN JUNE 2020 FOR THE CLETUS 28 STATE COM 4H.

Last reported production 10-2015
TA extended to 4-1-2021 well must be returned to production or plugged at that time

Spud Date: [ ]

Rig Release Date: [ ]

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

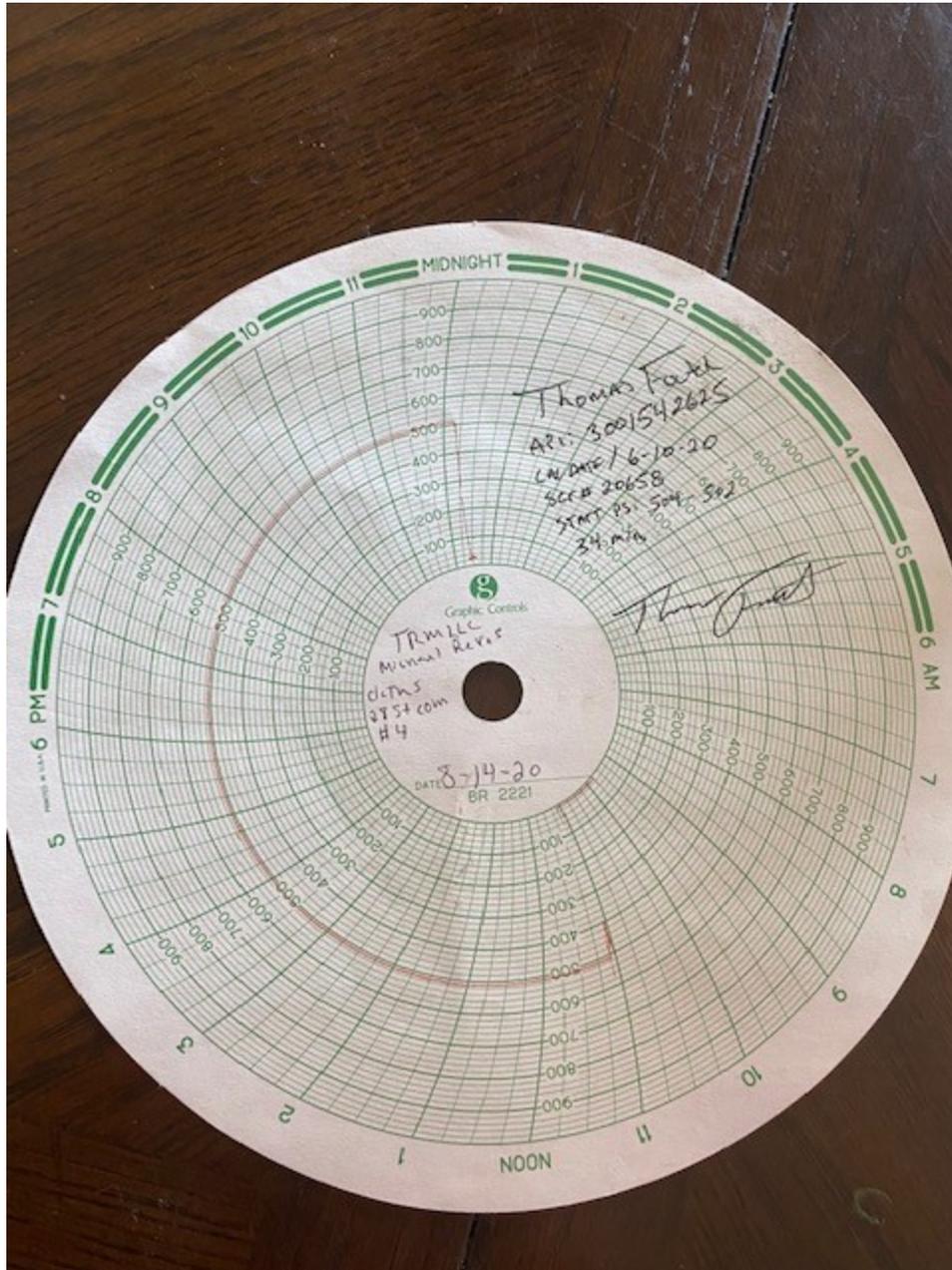
SIGNATURE Jennifer Elrod TITLE SR. REGULATORY ANALYST DATE 08/19/2020

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

For State Use Only

APPROVED BY: Dan Dmolik TITLE Compliance officer DATE 9-4-2020

Conditions of Approval (if any):



2008-1  
 1027 N. Fourth St., Hobbs, NM 88240  
 Phone: (505) 393-4151 Fax: (505) 393-4725

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

BRADENHEAD TEST REPORT

Operator Name <i>Thomas Fouch</i>	API Number <i>3001542625</i>
Property Name <i>CLETUS 2B STATE LAM 4H</i>	Well No. <i>2B-4H</i>

DL - Lot	Section	Township	Range	Foot Area	NS Line	Foot Price	EW Line	County <i>EDDY</i>
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Well Status

TA'D WELL	NO	<input checked="" type="radio"/> YES	SHUT-IN	NO	INJ	INJECTOR	SWD	<input checked="" type="radio"/> OIL	PRODUCER	GAS	DATE <i>8-14-20</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(I)	(C)Interm(2)	(D)Prod.Cing	(E)Tubing
Pressure	0	0	0	0	0
Flow Characteristics					<i>Dead</i>
Pull	Y/B	Y/B	Y/B	Y/B	CO2
Steady Flow	Y/B	Y/B	Y/B	Y/B	WTR
Surges	Y/B	Y/B	Y/B	Y/B	GAS
Down to nothing	B/N	B/N	B/N	B/N	Flow Rate
Gas or Oil	Y/B	Y/B	Y/B	Y/B	Separate for
Water	Y/B	Y/B	Y/B	Y/B	Workhead & scales

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed downs or continuous build up if applies.  
*well completely dead no psi whatsoever*

Signature: <i>Thomas Fouch</i>	OIL CONSERVATION DIVISION
Printed name: <i>Thomas Fouch</i>	Entered into RBDMS
Title: <i>Lease Operator</i>	Re-test
E-mail Address: <i>t.fouch@chisolemenergy.com</i>	
Date: <i>8/14/20</i>	Phone: <i>575-361-6078</i>
Witness: <i>Michael Reyes</i>	

INSTRUCTIONS ON BACK OF THIS FORM