

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

REC'D 09/03/2020
NMOCD

Form C-103
Revised July 18, 2013

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

WELL API NO. 30-015-44330
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name DARK CANYON 15-22 WCA STATE COM
8. Well Number 5H
9. OGRID Number 372137
10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (98220)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3325 GR

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

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 D : 230 feet from the NORTH line and 640 feet from the WEST line
Section 15 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 <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: COMPLETIONS OPERATIONS <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> P AND A <input 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.

08/12/2020-RUN CBL; EST TOC @ SURFACE

5 1/2" casing was not pressure tested

08/13/2020-PERFORATE STAGE 1 @ 15985'-15865'

08/20-08/26/2020-PERFORATE STAGE 2-49 @ 15835-8665'

-FRACTURE ALL 49 STAGES W/1077 BBLS HCl + 235425 BBLS SW W/7041268# 100 MESH + 4088968# 40/70 SAND

08/27-08/30/2020-DRILL OUT

08/30/2020-TURN WELL TO PRODUCTION

09/02/2020-BEGIN FLOWBACK

Spud Date:

03/02/2020

Rig Release Date:

03/21/2020

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 09/02/2020

Type or print name JENNIFER ELROD E-mail address: JELROD@CHISHOLMENERGY.COM PHONE: 817-953-3728

For State Use Only

DENIED

APPROVED BY: _____ DATE gc 9/4/2020

Conditions of Approval (if any):