Submit 1 Copy To Appropriate District Office <u>District I</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	State of New M Energy, Minerals and Na OIL CONSERVATIO 1220 South St. Fr Santa Fe, NM	tural Resources N DIVISION ancis Dr.	Form C-103 Revised July 18, 2013 WELL API NO. 30-015-44282 5. Indicate Type of Lease STATE FEE X 6. State Oil & Gas Lease No.
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			 Lease Name or Unit Agreement Name McCORD ENTERPRISES 23 WCA Well Number 2H
2. Name of Operator CHISHOLM ENERGY OPERATING, LLC			9. OGRID Number 372137
3. Address of Operator 801 CHERRY ST, SUITE 1200-UNIT 20 FORT WORTH, TX 76102			10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP
4. Well Location			
Unit Letter <u>N</u> :	<u>125</u> feet from the <u>SOU</u>		1390 feet from the WEST line
Section 23	Township 23S 11. Elevation (Show whether D	Range 26E	NMPM County EDDY
3269			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN PERFORM REMEDIAL WORK [] TEMPORARILY ABANDON [] PULL OR ALTER CASING [] DOWNHOLE COMMINGLE [] CLOSED-LOOP SYSTEM [] OTHER:		REMEDIAL WOF	IILLING OPNS. P AND A
 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. 12/19/2017- REMOVE PILOT HOLE FROM ORIGINAL C-101 PERMIT. 			
			NM OIL CONSERVATION ARTESIA DISTRICT
			DEC 182017
			RECEIVED
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 Gennifer Elical TITLE SR. REGULATORY ANALYST DATE 12/19/17			
SIGNATURE <u>Gennifer Ched</u> TITLE SR. REGULATORY ANALYST DATE 12/19/17			
Type or print name JENNIFER ELROD E-mail address: jelrod@chisholmenergy.com PHONE: 817-953-3728 For State Use Only Image: Conly Image: Conly			
APPROVED BY: <u>August Astrony</u> TLE Greatogrist DATE 12-21-17 Conditions of Approval (if any):			