

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OCD Artesia

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

5. Lease Serial No. NMNM113944

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Lease Name and Well No. COTTONWOOD 28-33 FED 2BS 5H

9. API Well No. 30-015-44648-00-S1

10. Field and Pool, or Exploratory WELCH-BONE SPRING

11. Sec., T., R., M., or Block and Survey or Area Sec 21 T26S R26E Mer NMP

12. County or Parish EDDY 13. State NM

14. Date Spudded 02/09/2018 15. Date T.D. Reached 03/13/2018 16. Date Completed  D & A  Ready to Prod. 07/05/2018 17. Elevations (DF, KB, RT, GL)\* 3384 GL

18. Total Depth: MD 14657 TVD 7064 19. Plug Back T.D.: MD 14611 TVD 7061 20. Depth Bridge Plug Set: MD TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GAMMA CBL 22. Was well cored?  No  Yes (Submit analysis) Was DST run?  No  Yes (Submit analysis) Directional Survey?  No  Yes (Submit analysis)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J-55	48.0	0	420		400	175	0	
12.250	9.625 J-55	36.0	0	1643		500	409	0	
8.750	5.500 P-110	17.0	0	14610		2840	1145	0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	7095							

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	8180	14450	8180 TO 14450	3.130	1680	OPEN
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
8180 TO 14450	791 BBLs HCL + 126219 BBLs WS W/5933650# 100 MESH + 5494404# 20/40 SAND

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NOV 28 2018

28. Production - Interval A

DISTRICT II-ARTESIA O.C.D.

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
07/10/2018	07/25/2018	24	→	394.0	1884.0	1668.0	50.0	0.77	GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
48/64	SI 0	1090.0	→	394	1884	1668	4782	POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

ACCEPTED FOR RECORD  
NOV 19 2018  
*Alene Megard*  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #430823 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

*Reclamation Due: 1/5/2019*

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

29. Disposition of Gas(Sold, used for fuel, vented, etc.)  
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
CASTILE	41		ANHY & SALT	BONE SPRING	5327
DELAWARE	1741		SS, SLTST, & SH	BONE SPRING 1ST	6221
BONE SPRING	5327		LS & SH	BONE SPRING 2ND	6746
BONE SPRING 1ST	6221		SS, SLTST, & SH		
BONE SPRING 2ND	6476		SS, SLTST, & SH		

32. Additional remarks (include plugging procedure):  
PERFORATIONS-3 1/8", 56 HOLES/STAGE, 30 STAGES

33. Circle enclosed attachments:

- |   |                    |               |                       |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.)     | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis   | 7 Other:      |                       |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

**Electronic Submission #430823 Verified by the BLM Well Information System.**  
For CHISHOLM ENERGY OPERATING LLC, sent to the Carlsbad  
Committed to AFMSS for processing by DUNCAN WHITLOCK on 09/06/2018 (18DW0219SE)

Name (please print) JENNIFER ELROD Title SENIOR REGULATORY TECH

Signature (Electronic Submission) Date 08/13/2018

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 to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

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Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

DISTRICT II-ARTESIA O.C.D.  AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

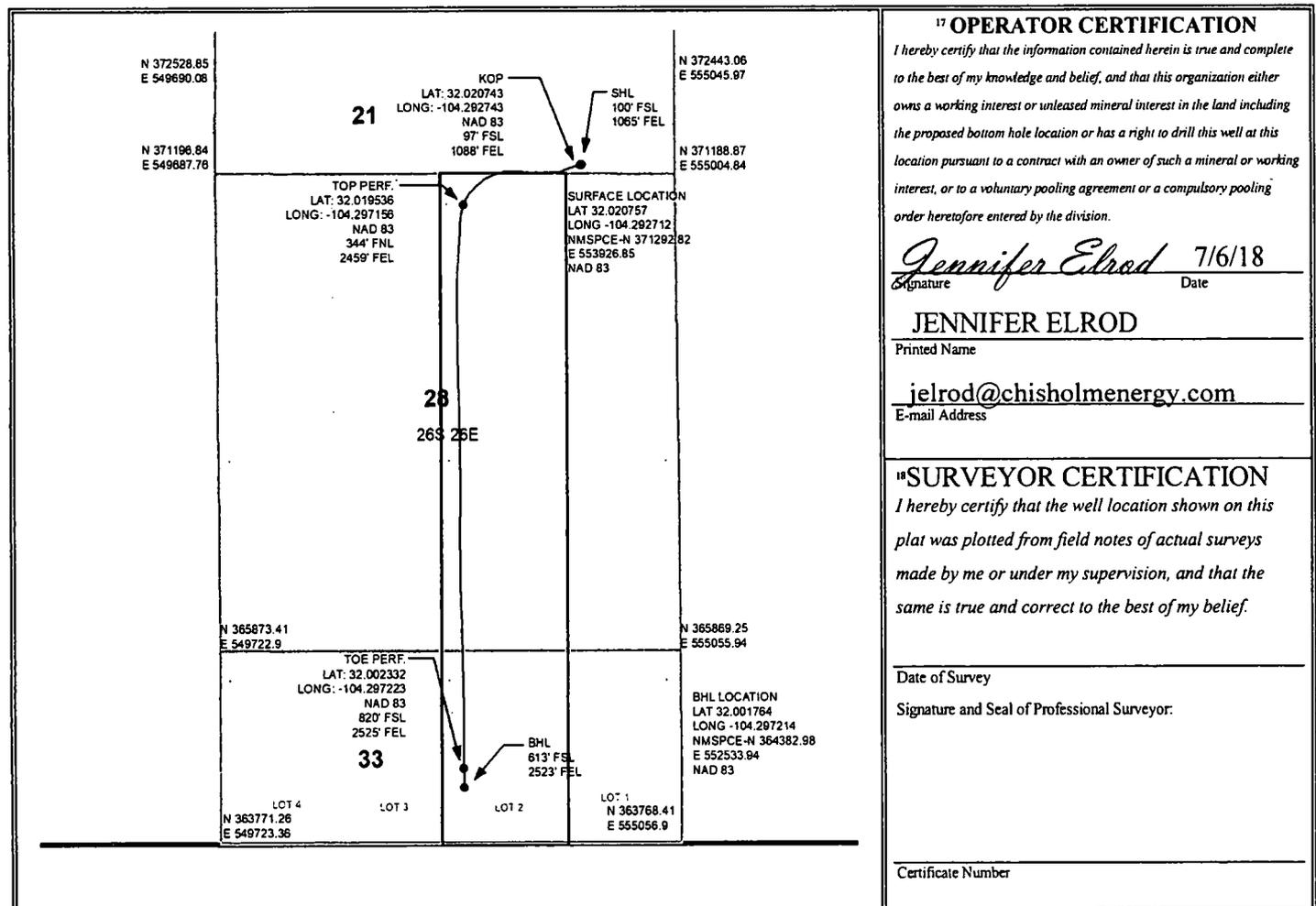
<sup>1</sup> API Number 30-015-44648	<sup>2</sup> Pool Code 64010	<sup>3</sup> Pool Name WELCH; BONE SPRING
<sup>4</sup> Property Code 317877	<sup>5</sup> Property Name COTTONWOOD 28-33 FED 2BS	
<sup>7</sup> OGRID No. 372137	<sup>8</sup> Operator Name CHISHOLM ENERGY OPERATING, LLC	<sup>6</sup> Well Number 5H <sup>9</sup> Elevation 3384'

<sup>10</sup> Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	21	26 S	26 E		100	SOUTH	1065	EAST	EDDY

<sup>11</sup> Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
LOT 2	33	26 S	26 E		613	SOUTH	2523	EAST	EDDY

<sup>12</sup> Dedicated Acres 223.21	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



**<sup>17</sup> OPERATOR CERTIFICATION**  
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Jennifer Elrod* 7/6/18  
Signature Date

JENNIFER ELROD  
Printed Name

jelrod@chisholmenergy.com  
E-mail Address

**<sup>18</sup> SURVEYOR CERTIFICATION**  
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey  
Signature and Seal of Professional Surveyor

Certificate Number