

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

Form C-103  
 Revised July 18, 2013

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

|   |
|---|
| WELL API NO.<br>30-025-43832-3  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |

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|---|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG AND ABANDON A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM 100) FOR SUCH PROPOSALS.)          |  | 7. Lease Name or Unit Agreement Name<br>BUFFALO WEST 2 STATE COM 1BS |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>  | 8. Well Number 6H                                |  |
| 2. Name of Operator<br>CHISHOLM ENERGY OPERATING, LLC   | 9. OGRID Number<br>372137                        |  |
| 3. Address of Operator<br>801CHERRY ST., SUITE 1200-UNIT 20, FORT WORTH, TX 76102   | 10. Pool name or Wildcat<br>BUFFALO; BONE SPRING |  |
| 4. Well Location<br>Unit Letter <u>LOT 1</u> : <u>125</u> feet from the <u>NORTH</u> line and <u>1325</u> feet from the <u>EAST</u> line<br>Section <u>2</u> Township <u>19S</u> Range <u>33E</u> NMPM LEA County |  |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3777  |  |  |

HOBBS OGD  
 JAN 31 2018  
 RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

|  |  |  |  |
|--|--|--|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/><br>CLOSED-LOOP SYSTEM <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |  | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>OTHER: COMPLETIONS/PRESSURE 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.

09/27/2017-RUN CBL TOC@4285'MD  
 09/29/2017-TEST PROD CSG TO 8500PSI 30 MIN; GOOD TEST  
 10/23-11/2/2017-PERFORATE 9590'-14180', FRACTURED WITH 85553 BBLS SW W/4417789# 100 MESH & 2246692# 20/40  
 11/8-11/9/2017-DRILL OUT  
 11/10/2017-INSTALL WELLHEAD AND RELEASE TO FLOWBACK  
 12/06-12/07/2017-RUN GAS LIFT VALVES AND INSTALL 2 7/8"  
 PRODUCTION TUBING SET @9063'  
 12/24/2017-BEGAN GAS LIFT

Spud Date: 08/22/2017 Rig Release Date: 09/16/2017

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 TECH DATE 01/19/2018

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

**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 01/31/18  
 Conditions of Approval (if any):