

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

OCD – REC'D 6/18/2020

Form C-103
Revised July 18, 2013

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

<p>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.)</p>		<p>WELL API NO. 30-015-44538</p>
<p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator CHISHOLM ENERGY OPERATING, LLC</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator 801 CHERRY STREET, SUITE 1200-UNIT 20 FORT WORTH, TX 76102</p>		<p>7. Lease Name or Unit Agreement Name DARK CANYON 15-22 STATE COM WCB</p>
<p>4. Well Location Unit Letter <u>D</u> : <u>130</u> feet from the <u>NORTH</u> line and <u>600</u> feet from the <u>WEST</u> line Section <u>15</u> Township <u>23S</u> Range <u>26E</u> NMPM <u>EDDY</u> County</p>		<p>8. Well Number <u>2H</u> (320684)</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3326</p>		<p>9. OGRID Number 372137</p>
		<p>10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (98220)</p>

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

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

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.

THIS WELL WAS RETURNED TO PRODUCTION ON 05/27/2020

Spud Date:

03/08/2018

Rig Release Date:

04/12/2018

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 06/18/2020

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

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 6/23/2020

Conditions of Approval (if any):