

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

NMOCD - REC'D 11/03/2020

Form C-103

Revised July 18, 2013

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

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.)		WELL API NO. 30-015-44330
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHISHOLM ENERGY OPERATING, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 801 CHERRY STREET, SUITE 1200-UNIT 20 FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name DARK CANYON 15-22 WCA STATE COM
4. Well Location Unit Letter <u>D</u> : <u>230</u> feet from the <u>NORTH</u> line and <u>640</u> feet from the <u>WEST</u> line Section <u>15</u> Township <u>23S</u> Range <u>26E</u> NMPM County <u>EDDY</u>		8. Well Number <u>5H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3325 GR		9. OGRID Number 372137
		10. Pool name or Wildcat PURPLE SAGE; WOLFCAMP (98220)

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

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

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

08/13/2020-PRESSURE TEST 5.5" CSG TO 9870 PSI, 30 MIN, GOOD TEST.

-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 11/03/2020

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 11/12/2020
Conditions of Approval (if any):