## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## NMOCD FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

BUREAU OF LAND MANAGEMENT					5 Lease Serial No.	Idaly 31, 2018
SUNDRY NOTICES AND REPORTS ON WELLS Art					Sia Lease Serial No. NMNM113944	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well ☐ Gas Well ☐ Other					8. Well Name and No. COTTONWOOD 28-33 FED 2BS 2H	
2. Name of Operator Contact: BETTIE WATSON CHISHOLM ENERGY OPERATING, LEOMail: bettie@watsonreg.com					9. API Well No. 30-015-43692	
3a. Address3b. Phone No. (include area801 CHERRY STREET, SUITE 1200-UNIT 20Ph: 972-979-0132FORT WORTH, TX 76102Ph: 972-979-0132				10. Field and Pool or Exploratory Area WILDCAT; BONE SPRINGS		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State	
Sec 28 T26S R26E NWNE 150FNL 1330FWL					EDDY COUNTY, NM	
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA						
TYPE OF SUBMISSION	TYPE OF ACTION					
□ Notice of Intent	□ Acidize □ De		epen 🗆 Produc		tion (Start/Resume)	Water Shut-Off
	□ Alter Casing □ H		Iraulic Fracturing	🗖 Reclam	ation	Well Integrity
🛛 Subsequent Report	Casing Repair	🗆 Nev	v Construction	🗖 Recomplete		Other .
Final Abandonment Notice	🗖 Change Plans	🗖 Plu	Plug and Abandon		rarily Abandon	Drilling Operations
	Convert to Injection		g Back	🗖 Water I	Disposal	
determined that the site is ready for final inspection. Request: A. Change Field/Pool Name from: Wildcat; Bone Springs to: Welch Bone Spring					A OIL CONSERVATION ARTESIA DISTRICT SEP 1 3 2017	
Accepted for record - NMOCD					RECEIVED	$\sum$
14. I hereby certify that the foregoing is	true and correct. Electronic Submission #	386442 verifie	d by the BLM Well	Information	System	
	For CHISHOLM EN	ERGY OPERA	TING, LLC, sent t	o the Carist	bad \	· /]
Name (Printed/Typed) BETTIE W	Committed to AFMSS for	processing b	Title AGENT		31/2017 8	
			The AOLINI		FULDIOR	RECORD
Signature (Electronic S	Date 08/28/20	17				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE 5 2117						
Approved By			Title	YE		
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu-	Office		CARLISEAD THELE OF			
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and villfully 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.						
(Instructions on page 2) ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **						