Submit 1 Copy To Appropriate District CENED       State of New Mexico       Form C-         Office       District II - (575) 393-6161       Energy, Minerals and Natural Resources       Revised July 18, 7         I 625 N. French Dr., Hobbs, NM 88240       District II - (575) 748-1283       JUN 0.3 2019       OIL CONSERVATION DIVISION         District III - (575) 748-1283       JUN 0.3 2019       OIL CONSERVATION DIVISION       30-015-44835         State of New Mexico       State of New Mexico       State of New Mexico         District III - (575) 748-1283       JUN 0.3 2019       OIL CONSERVATION DIVISION         District III - (505) 34-6178       State of New M87505       State of New Mexico         1000 Rio Brazos Rd., Aztec, NM 87410       I-ARTESIAO 1200 S of 476-3460 STHUE II-ARTESIAO 1200 S of 505 (34-61-346 DISTRICE)       Santa Fe, NM 87505         1220 S St Francis Dr.       Santa Fe, NM 87505       6. State Oil & Gas Lease No.	103
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 <u>JUN 0 3 2019</u> <u>CONSERVATION DIVISION</u> WELL API NO. <u>30-015-44835</u>	2013
811 S. First St., Artesia, NM 88210 JOIN CONSERVATION DIVISION         District III – (505) 334-6178         1000 Pio Brazze Pd. Artec NM 87/410 H AppreSIAO South St. Francis Dr.         5. Indicate Type of Lease         STATE	
1000 Pio Braze Ed. Artec NM 87/14: ADTESIAO DOUT St. Trancis Di. STATE STATE FEE	-
District IV – (505) 476-346DISTRICT II-PATILOU Santa Fe, NM 87505 6. State Oil & Gas Lease No.	
1220 S. St. Hallels DL, Salita PC, NW	
87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Nam	ne
(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 OCOTILLO 6-31 STATE COM WCB	3
PROPOSALS.)         1. Type of Well: Oil Well Gas Well X Other    8. Well Number 2H	
2. Name of Operator CHISHOLM ENERGY OPERATING, LLC 9. OGRID Number 372137	
3. Address of Operator 801 CHERRY STREET, SUITE 1200-UNIT 20 10. Pool name or Wildcat	
FORT WORTH, TX 76102 PURPLE SAGE; WOLFCAMP	
4. Well Location Unit Letter P : 245 feet from the SOUTH line and 1200 feet from the EAST I	:
Unit Letter       P       : 245       feet from the       SOUTH       line and       1200       feet from the       EAS1       I         Section       6       Township       23S       Range       26E       NMPM       EDDY       County	ine
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3411 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
DOWNHOLE COMMINGLE     Image: Closed-loop system	
OTHER:	X
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	d date
proposed completion or recompletion.	
04/26/2019-Run CBL Est TOC @ Surface; Pressure test production (5 1/2") csg to 10,000 psi, 30 min, good test	
04/30/2019-Perforate Stage 1 @ 19110'-18990' 05/08/2019-Frac Stage 1 Perforations w/24 bbls HCl + 6230 bbls SW w/198188# 100 Mesh + 110935# 40/70 Sand	
05/09-05/10/2019-Cleanout	
05/11-05/19/2019-Perforate Stage 2-48 @ 18960'MD - 9125'MD; Fracture stages 2-48 w/1317 bbls HCl + 300001 bbls	
SW w/9469221# 100 Mesh + 5358483# 40/70 Sand. 05/21-05/23/2019-Drill Out	
05/24/2019-Turn well over to production	
05/25/2019-Begin Flowback	
Spud Date: 02/26/2019 Rig Release Date: 04/21/2019	
Spud Date: 02/26/2019 Rig Release Date: 04/21/2019	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE <u>Gennifer Elrod</u> TITLE Sr. Regulatory Analyst DATE 05/30/2019	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE	

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