

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-46472
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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 ST., SUITE 1200-UNIT 20 FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name OUTLAND WCA STATE UNIT 11-2
4. Well Location Unit Letter <u>O</u> : <u>125</u> feet from the <u>SOUTH</u> line and <u>1685</u> feet from the <u>EAST</u> line Section <u>2</u> Township <u>21S</u> Range <u>34E</u> NMPM County <u>LEA</u>		8. Well Number 5H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3672' GR		9. OGRID Number 372137
		10. Pool name or Wildcat WC-025 G-09 SE134110; UPR WOLFCAMP (98317)

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

<b>NOTICE OF INTENTION TO:</b> 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"/>		<b>SUBSEQUENT REPORT OF:</b> 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: <u>COMPLETIONS OPERATIONS</u> <input checked="" type="checkbox"/>	
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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.

3/1/2020-PBTD @ 18787;MD; RUN CBL W/EST TOC @ 9400'MD  
 3/2/2020-PRESSURE TEST CSG TO 12830 PSI FOR 30 MIN; GOOD TEST; PERFORATE STAGE 1 @ 18760'-18580'  
 3/8-3/26/2020-PERFORATE STAGE 2-38 @ 18550'-11830'MD; FRACTURE ALL STAGES W/2775 BBLS HCl + 257462 BBLS SW W/5902760# 100 MESH + 2979665# 40/70 SAND.  
 3/28-3/29/2020-DRILLOUT  
 3/30/2020-SHUT IN WELL

Spud Date: 12/04/2020

Rig Release Date: 02/24/2020

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 04/03/2020

Type or print name JENNIFER ELROD E-mail address: jelrod@chisholmenergy.com PHONE: 940-452-6214  
**For State Use Only**

APPROVED BY: [Signature] TITLE \_\_\_\_\_ DATE 04/09/2020  
 Conditions of Approval (if any): \_\_\_\_\_