

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

HOBBS OCD- RECEIVED 11/05/20

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. 30-025-44144
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator 3BEAR FIELD SERVICES, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1512 LARIMER ST., SUITE 540 DENVER, CO 80202		7. Lease Name or Unit Agreement Name DOODLE BUG STATE SWD
4. Well Location Unit Letter <u>G</u> : <u>1498</u> feet from the <u>NORTH</u> line and <u>2390</u> feet from the <u>EAST</u> line Section <u>16</u> Township <u>22S</u> Range <u>33E</u> NMPM LEA County		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3554.5		9. OGRID Number 372603
		10. Pool name or Wildcat SWD; DEVONIAN-SILURIAN (97869)

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

NOTICE OF INTENTION TO: 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"/>		SUBSEQUENT REPORT OF: 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 checked="" type="checkbox"/> OTHER: <input 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.

10/31/2020-DRILL 26" SURF HOLE TO 1130'MD
 -NOTIFIED OCD OF INTENT TO RUN & CMNT 20" SURF CSG

10/31-11/01/2020-RUN 31 JTS OF 94# J-55 SURF CSG, SET @ 1129'MD

11/01/2020-CMNT 20" SURF CSG W/324 BBLs(760 SXS) CLASS C LEAD CMNT @ 2.39 YIELD FOLLOWED BY 269 BBLs (1135 SXS) CLASS C TAIL CMNT @ 1.33 YIELD W/230 BBLs(540 SXS) CMNT CIRCULATED TO SURFACE
 -WOC 8 HOURS

11/02/2020-TEST BOP SYSTEM (ANNULAR & HYDRILL) 250 LOW/2500 HIGH, 10 MIN EA. TEST, ALL GOOD TEST
 -TEST SURF CSG TO 1500 PSI, 30 MIN, GOOD TEST

11/9/2020 - PM NMOCD

Spud Date:

Rig Release Date:

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 11/05/2020

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

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):