

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

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

WELL API NO. 30-025-44144
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name DOODLE BUG STATE SWD
8. Well Number 1
9. OGRID Number 372603
10. Pool name or Wildcat SWD; DEVONIAN-SILURIAN (97869)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3554.5

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.)

1. Type of Well: Oil Well Gas Well Other SWD

2. Name of Operator
3BEAR FIELD SERVICES, LLC

3. Address of Operator 1512 LARIMER ST., SUITE 540
DENVER, CO 80202

4. Well Location
 Unit Letter G : 1498 feet from the NORTH line and 2390 feet from the EAST line
 Section 16 Township 22S Range 33E NMPM LEA County

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input checked="" type="checkbox"/> INT. 1, 13.375" CSG/CMNT</p> <p>OTHER: <input type="checkbox"/></p>
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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.

11/08/-11/09/2020-DRILL INT. 1, 17.5" HOLE TO 5063'MD
 11/09/2020-NOTIFIED OCD OF INTENT TO RUN AND CMNT 13.375" CSG STRING
 11/09-11/10/2020-RUN 28 JTS OF 13.375", 68#, J-55 CSG SET @ 5058'MD, W/DV TOOL SET @ 3821'MD
 11/10/2020-CMNT 13.375" INT. 1 CSG W/210 BBLs (415 SXS) CLASS C LEAD CMNT @ 2.79 YIELD FOLLOWED BY 124 BBLs (555 SXS) CLASS C TAIL CMNT @ 1.33 YIELD W/140 BBLs (281 SXS) CMNT CIRCULATED TO SURF.
 -OPEN DV TOOL
 -CMNT 2ND STAGE W/1202 BBLs (2420 SXS) CLASS C CMNT @ 2.79 YIELD W/578 BBLs (1163 SXS) CMNT CIRCULATED TO SURF.
 -WOC 8 HOURS
 -NOTIFIED OCD OF INTENT TO TEST BOB SYSTEM
 11/11/2020-TEST BOP PIPE, BLIND KILL INE, CHOKE VALVES, & FLOOR VALVES 250 LOW/5000, 10 MIN EA. TEST; ALL GOOD TEST; TEST ANNULAR 250 LOW/2500 HIGH, 10 MIN, ; GOOD TEST.
 -DRILL DV TOOL
 11/12/2020-TEST 13.375" INT. 1 CSG, 1500 PSI, 30 MIN, GOOD TEST

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 11/13/2020

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):