| Submit 1 Copy To Appropriate District State of New   | v Mexico       | Form C-103                                    |
|--|----------------|---|
| Office Energy Minerals and Natural Decourage   |                | Revised July 18, 2013                         |
| District II – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 883 <b>HOBBS OCD</b><br>District II – (575) 748-1283<br>811 S. First St., Artesia, NM 88210<br>District III – (573) 334-6178<br>OIL CONSERVATION DIVISION  |                | WELL API NO.<br>30-025-34948                  |
|  |                | 5. Indicate Type of Lease                     |
| $\frac{District III - (505) 334-6178}{1000 \text{ Rio Brazos Rd., Aztec, NM 87410}} OCT 10 201720 \text{ South St. Francis Dr.} Santa Fe, NM 87505$  |                | STATE X FEE                                   |
| District IV – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                | 6. State OII & Gas Lease No.                  |
| 87505 NECEIVED<br>SUNDRY NOTICES AND REPORTS ON WELLS  |                | 7. Lease Name or Unit Agreement Name          |
| (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.)  |                | GRAMA RIDGE EAST 34 STATE<br>8. Well Number 1 |
| 1. Type of Well: Oil Well Image: Gas Well Other   2. Name of Operator  |                | 1   |
| CHISHOLM ENERGY OPERATING, LLC   |                | 9. OGRID Number<br>372137                     |
| 3. Address of Operator<br>801 CHERRY STREET, SUITE 1200-UNIT 20  |                | 10. Pool name or Wildcat                      |
| 4. Well Location   |                | GRAMA RIDGE; BONE SPRING NE                   |
| Unit Letter H : 1548 feet from the NORTH line and 990 feet from the EAST line  |                |   |
| Section 34 Township 21S Range 34E NMPM LEA County  |                |   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |                |   |
| 3679'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   |                |   |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PANDA   |                |   |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB     DOWNHOLE COMMINGLE   Image: Complement of the second se |                |   |
|  |                |   |
| OTHER: T/A EXTENSION REQUEST (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.  |                |   |
|  |                |   |
| THE CURRENT T/A EXTENSION HAS EXPIRED AS OF JULY 7, 2017. CHISHOLM ENERGY OPERATING,<br>LLC IS REQUESTING A TWO (2) YEAR EXTENSION, DUE TO NOT HAVING SUFFICIENT TIME TO   |                |   |
| EVALUATE THIS WELL FOR FUTURE POTENTIAL SINCE BECOMING OPERATOR OF RECORD  |                |   |
| EFFECTIVE JUNE 07, 2017. OPERATIONS PERSONNEL WILL NOTIFY DIST. OFFICE 24 HOURS PRIOR  |                |   |
| TO RUNNING MIT TEST. Condition of Approval: notify   |                |   |
|  |                |   |
| OCD Hobbs office 24 hours  |                |   |
| prior of running MIT Test & Chart  |                |   |
|  |                | 1   |
| Spud Date: 03/07/2000 Rig Relea  | se Date: 00/09 | 7/2000  |
|  |                |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |                |   |
| $\mathcal{O}(\mathcal{O}(\mathcal{O}))$  |                |   |
| SIGNATURE SR. REGULATORY TECH DATE 10/06/2017  |                |   |
| Type or print name_JENNIFER ELROD E-mail address: jelrod@chisholmenergy.com PHONE: 817-953-3728  |                |   |
| For State Use Only A   |                |   |
| APPROVED BY: V AUUS TOWALTLE AO/II DATE 10/10/2017   |                |   |
| Conditions of Approval (if any):   |                |   |
| U  |                |   |
|  |                |   |

NO PROD REPORTED - 151 MONTHS

MB