

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 87401
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD
OCT 16 2017
RECEIVED

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

WELL API NO. 30-025-43907
5. Indicate Type of Lease STATE X FEE
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name GAZELLE 32 STATE COM 2BS
8. Well Number 002H
9. OGRID Number 372137
10. Pool name or Wildcat: CORBIN; BONE SPRING SOUTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3758 GR

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 X Gas Well Other
2. Name of Operator CHISHOLM ENERGY OPERATING, LLC
3. Address of Operator 801 Cherry Street, Suite 1200-Unit 20 - Fort Worth, Texas 76102
4. Well Location Unit Letter C : 200 feet from the N line and 1370 feet from the W line
Section 32 Township 18S Range 33E NMPM County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3758 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
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING MULTIPLE COMPL
DOWNHOLE COMMINGLE
CLOSED-LOOP SYSTEM Well Name Change
OTHER X CORRECTION TO C-101
REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. P AND A
CASING/CEMENT JOB
OTHER: X

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.

10/10/2017-CHANGE WELL NAME
FROM: GAZELLE 32 STATE 2BS
TO: GAZELLE 32 STATE COM 2BS

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE SR. REGULATORY TECH DATE 09/06/2017

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

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 10/17/17

Conditions of Approval (if any):