

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

WELL API NO. 30-025-43832
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 BUFFALO WEST 2 STATE COM 2BS
8. Well Number 5H
9. OGRID Number 372137
10. Pool name or Wildcat BUFFALO; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3777

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

2. Name of Operator
CHISHOLM ENERGY OPERATING, LLC

3. Address of Operator
801 CHERRY ST., SUITE 1200-UNIT 20, FORT WORTH, TX 76102

4. Well Location
 Unit Letter LOT 2 : 125 feet from the NORTH line and 1325 feet from the EAST line
 Section 2 Township 19S Range 33E NMPM LEA County

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

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

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.

09/27/2017-RUN CBL TOC@4330'MD
 09/29/2017-TEST PROD CSG TO 8500PSI 30 MIN; GOOD TEST
 10/23-11/2/2017-PERFORATE 9905'-14285', FRACTURED WITH 81377 BBLS SW W/4232955# 100 MESH & 2333750# 20/40
 11/6-11/9/2017-DRILL OUT
 11/10/2017-INSTALL WELLHEAD AND RELEASE TO FLOWBACK
 12/04-12/05/2017-RUN GAS LIFT VALVES AND INSTALL 2 7/8" PRODUCTION TUBING SET @9394
 12/24/2017-BEGAN GAS LIFT

Spud Date: 07/25/2017

Rig Release Date: 08/24/2017

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

SIGNATURE _____ TITLE SR. REGULATORY TECH DATE 01/19/2018

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

For State Use Only

APPROVED BY:  TITLE _____ DATE 01/19/18
 Conditions of Approval (if any): _____