

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. 30-025-44197 |
| 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 GAZELLE 32 STATE COM 2BS |
| 8. Well Number 2y |
| 9. OGRID Number 372137 |
| 10. Pool name or Wildcat CORBIN; BONE SPRING, SOUTH |

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 D: 200 feet from the NORTH line and 1270 feet from the WEST line
 Section 32 Township 18S Range 33E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3785 GR

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/PROD. CASING TEST/TOC <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.

COMPLETIONS SUNDRY:

12/29/17-RAN CBL, TOC 4400
 12/30/17-TESTED PROD CSG TO 8500 PSI, 30 MIN, GOOD TEST; TOE PREP
 01/16-01/28/18-COMPLETIONS OPERATIONS; PERFORATE 9900-14370
 FRACTURE W/545 BBLs HCl +94491 BBLs SW W/3350649# 20/40 + 4225624#
 100 MESH SAND.
 01/29-02/02/2018-DRILL OUT PLUGS
 02/06/18-SET PKR; INSTALL TBG SET @ 9313 & GL VALVES
 02/07/2018-START FLOWBACK
 02/10/2018-1ST OIL
 02/24-2/15/2018-PULL TBG; INSTALL ESP AND RUN TBG SET @ 8808'
 03/04/2018-PULL TBG; INSTALL ESP AND RUN TBG SET @ 8808'
 03/08/2018-1ST GAS (C-129 APPROVAL 3/8/18)

Spud Date:

11/28/2017

Rig Release Date:

12/20/2017

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 04/13/2018

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

For State Use Only

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 4-17-18
 Conditions of Approval (if any):