

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

HOBBS OCD
 JUN 13 2018
 RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. FEDERAL L COM 01
2. Name of Operator FDW LLC Contact: JENNIFER ELROD E-Mail: jelrod@chisholmenergy.com		9. API Well No. 30-025-20811-00-S1
3a. Address DALLAS, TX 75382	3b. Phone No. (include area code) Ph: 817-953-3728	10. Field and Pool or Exploratory Area SWD
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T20S R34E SENW 1650FNL 1980FWL		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

COMPLETED BRADENHEAD TEST AND TEMP SURVEY FOR STATE

14. I hereby certify that the foregoing is true and correct. Electronic Submission #421020 verified by the BLM Well Information System For FDW LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 05/23/2018 (18PP1073SE)	
Name (Printed/Typed) JENNIFER ELROD	Title SENIOR REGULATORY TECH
Signature (Electronic Submission)	Date 05/22/2018

/s/ Jonathon Shepard

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		
Office _____		

MAY 29 2018

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

** BLM REVISED **

Accepted for Record

JMB/OLD 6/14/2018

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. 30-25-20811
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name FEDERAL L
8. Well Number 1
9. OGRID Number 372137
10. Pool name or Wildcat YATES-SEVEN RIVERS (SWD)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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/INJECTION

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 F : 1650 feet from the NORTH line and 1980 feet from the WEST line
 Section 25 Township 20S Range 34E NMPM County LEA

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: TEMP SURVEY/BRADENHEAD 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.

05/01/2018-TEMPERATURE SURVEY WAS COMPLETED -LOG WILL BE MAILED WITH A COPY OF SUNDRY.
 05/04/2018-BRADENHEAD TEST COMPLETED-TEST REPORT RECEIVED BY OCD-HOBBS OFFICE

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 05/18/2018

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

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Approved for Record Only

MJB/OCD
6/14/2018

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Chisholm Energy	API Number 30-085-20811
Property Name Federal L	Well No #1

Surface Location									
UL - Lnt	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County	
F	25	20S	34E	1650	N	1980	W	LEA	

Well Status									
YES	TA'D WELL	YES	SHUT-IN	INJ	INJECTOR	OIL	PRODUCER	GAS	DATE
	NO		NO		SWD				3-4-18

OBSERVED DATA

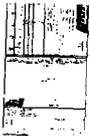
	(A) Surface	(B) Internl 1	(C) Internl 2	(D) Prod Csg	(E) Tubing
Pressure	0	N/A	N/A	0	75
Flow Characteristics					
Pull	Y/N	Y/N	Y/N	Y/N	CO2 <input type="checkbox"/>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Pressure
Water	Y/N	Y/N	Y/N	Y/N	Temperature

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.
PROD Csg + Surf Csg had slight vac

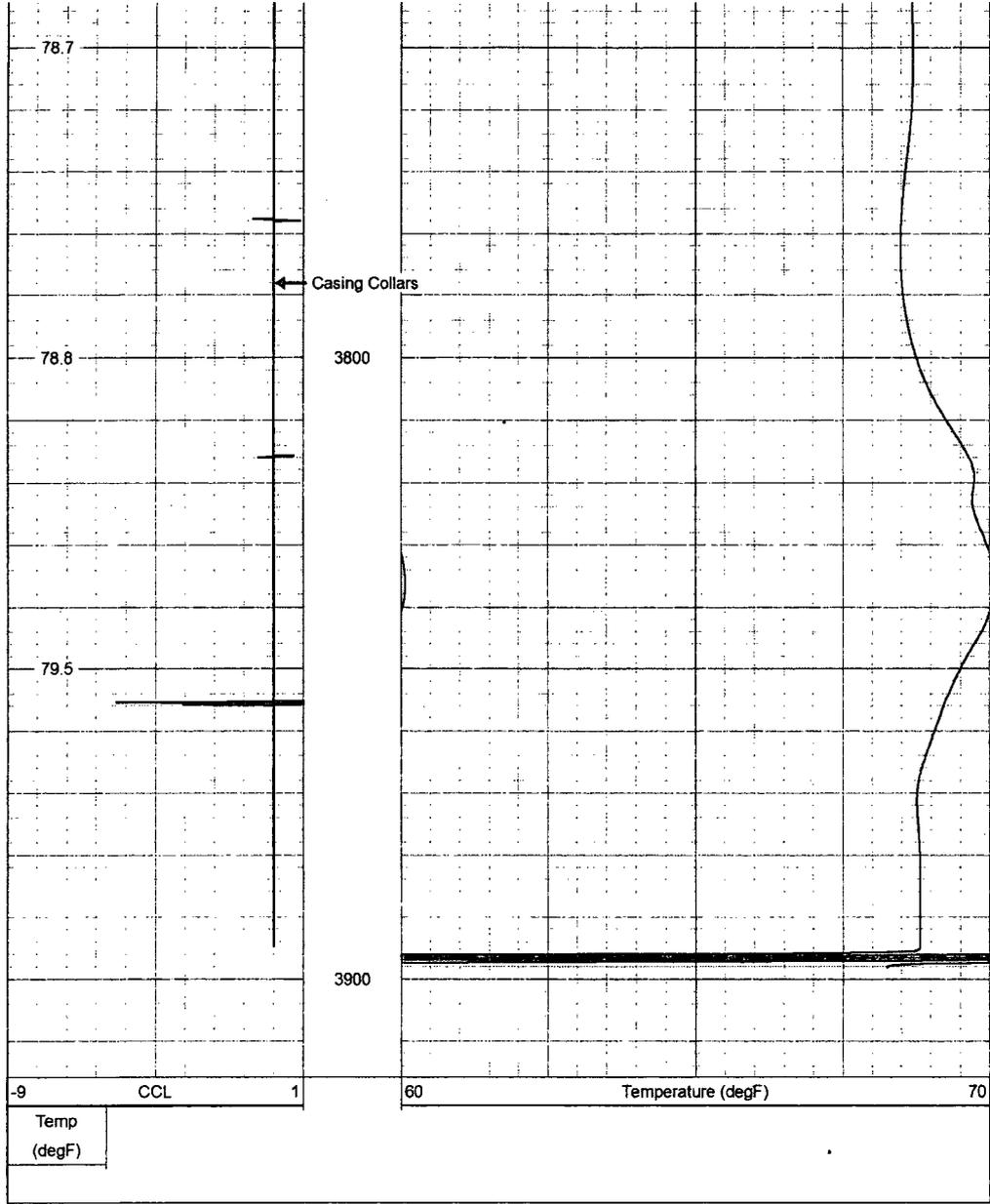
OPERATOR COPY

Signature: Ray Williams	OIL CONSERVATION DIVISION
Printed name: RAY WILLIAMS	
Title: PRODUCTION SUPERVISOR-CHISHOLM ENERGY OPERATING, LLC	
E-mail Address: RWILLIAM@CHISHOLMENERGY.COM	
Date: 05/04/2018	
Phone: 505-630-9777	Entered into RBDMS
Witness: Mary Robinson	Re-test

INSTRUCTIONS ON BACK OF THIS FORM



A vertical column of text, possibly a list or index, running down the center of the page. The text is extremely faint and illegible.



Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
CCL	1.88		CCL-HAUN002 (TEMP13_002) HAUN	1.88	1.38	3.00
TEMP	0.08		TEMP-1.375TEMP (fw1705-061) Temperature Tool	1.25	1.38	15.00
			Dataset: federal_1.db: field/well/run3/pass4			
			Total Length: 3.13 ft			
			Total Weight: 18.00 lb			
			O.D.: 1.38 in			

	Company	Chisholm Energy
	Well	Federal "L" #1 SWD
	Field	Wildcat
	County	Lea
	State	N.M.