

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

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.)		WELL API NO. 30-025-44158
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHISHOLM ENERGY OPERATING, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 801 CHERRY STREET, SUITE 1200-UNIT 20 FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name OUTLAND 14-23 STATE COM 2BS
4. Well Location Unit Letter <u>C</u> : <u>200</u> feet from the <u>NORTH</u> line and <u>1370</u> feet from the <u>WEST</u> line Section <u>14</u> Township <u>21S</u> Range <u>34E</u> NMPM LEA County		8. Well Number 3H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3709		9. OGRID Number 372137
		10. Pool name or Wildcat GRAMA RIDGE; BONE SPRING

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

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

10/16/2018 - PBTD @ 17737; RUN CBL, EST TOC @ SURFACE  
 10/17/2018-PRESSURE TEST CSG TO 9500 PSI FOR 30 MIN; GOOD TEST. PERFORATE STAGE 1 17573'-17393'  
 10/24-11/05/2018-PERFORATE STAGES 2-34, 17363'-10460' MD; FRAC ALL STAGES W/839 BBLS HCl + 288622 BBLS SW  
 W/9116729# 100 MESH + 5169150# 20/40 SAND  
 11/09-11/10/2018-DRILL OUT  
 11/12/2018-SET PRODUCTION TREE; TURN OVER TO PRODUCTION  
 11/14/2018-BEGIN FLOWBACK

NOV 16 2018  
 RECEIVED

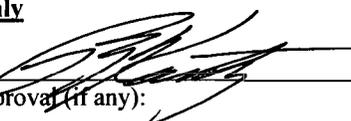
Spud Date: 08/02/2018 Rig Release Date: 10/07/2018

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 11/16/2018

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

**For State Use Only**

APPROVED BY:  TITLE Petroleum Engineer DATE 11/16/18  
 Conditions of Approval (if any):