

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. 30-025-34948
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 GRAMA RIDGE EAST 34 STATE
8. Well Number 1
9. OGRID Number 372137
10. Pool name or Wildcat GRAMA RIDGE; BONE SPRING, NE
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3679 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  Gas Well  Other

2. Name of Operator  
CHISHOLM ENERGY OPERATING, LLC

3. Address of Operator 801 CHERRY STREET, SUITE 120-UNIT 20  
FORT WORTH, TX 76102

4. Well Location  
 Unit Letter H : feet from the 1548 line and 990 feet from the EAST line  
 Section 34 Township 21S Range 34E NMPM LEA County

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
 TEMPORARILY ABANDON  CHANGE PLANS   
 PULL OR ALTER CASING  MULTIPLE COMPL   
 DOWNHOLE COMMINGLE   
 CLOSED-LOOP SYSTEM   
 OTHER: TA EXTENSION

SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  P AND A   
 CASING/CEMENT JOB   
 OTHER:

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.

12/06/2018-REQUESTING A 6 MONTH TA EXTENSION; CURRENT TA EXPIRES 12/20/2018 PLUGGING COMPANY HAD US ON SCHEDULE TO PLUG IN SEPTEMBER, THEN THEY PUSHED THE DATE BACK TO DECEMBER; WE ARE CURRENTLY SEARCHING FOR ANOTHER PLUGGING COMPANY AND HAVE ALREADY FILED PLUGGING C-103'S FOR THIS WELL.  
 12/18/2018-MIT COMPLETED; START @ 565 PSI; ENDED @ 565 PSI; 32 MIN TEST; GOOD TEST; WITNESSED BY GARY ROBINSON- OCD

This Approval of Temporary Abandonment Expires 6/18/19  
 6 month Extension

Spud Date: 03/07/2000

Rig Release Date: 06/09/2000

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 12/18/2018

Type or print name JENNIFER ELROD E-mail address: jelrod@chisholmenergy.com PHONE: 817-872-7822

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Supervisor DATE 12/18/18  
 Conditions of Approval (if any):

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

BRADENHEAD TEST REPORT

Operator Name <i>Chisholm Energy</i>	API Number <i>30-025-34948</i>
Property Name <i>GRAMA Ridge East 34 ST.</i>	Well No. <i>#1</i>

Surface Location									
UL - Lot	Section	Township	Range		Feet from	N/S Line	Feet From	E/W Line	County
<i>H</i>	<i>34</i>	<i>21S</i>	<i>34E</i>		<i>1548</i>	<i>N</i>	<i>990</i>	<i>E</i>	<i>LEA</i>

Well Status								DATE
TA'D WELL	NO	SHUT-IN	NO	INJ	SWD	OIL	PRODUCER	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<i>12-18-18</i>

OBSERVED DATA

	(A)Surface	(B)Internl(1)	(C)Internl(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>N/A</i>	<i>N/A</i>	<i>0</i>	<i>NONE</i>
Flow Characteristics					
Pull	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<i>MS</i> Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	Type of fluid injected for waterflood if applies
Gas or Oil	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	
Water	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	Y <input checked="" type="checkbox"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*T/A TEST*

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test <i>JMB</i>
E-mail Address:	
Date:	Phone:
Witness: <i>Ray Holmson</i>	

INSTRUCTIONS ON BACK OF THIS FORM

6 AM

Start

T/A TEST

Chisholm Energy

Grema Ridge East 34 ST #1

30-025-34948

H 34-215-34E

cal date 10-12-18

Dev. # 202H-216400

1000 #  
60 min.

Start 565 #  
End 565 #  
32 min.

Mary Robinson - OCD  
JT Pump Test.

START 700 #

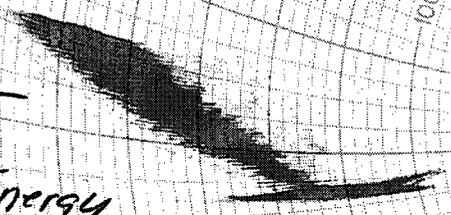


CHART NO. MC MP-1000

METER

CHART PUT ON

M

LOCATION

REMARKS 12-18-18

gms

avg 1800

