

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. 30-025-35379
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 ST., SUITE 1200-UNIT 20 FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name GRAMA RIDGE 23 STATE
4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>1260</u> feet from the <u>EAST</u> line Section <u>23</u> Township <u>21S</u> Range <u>34E</u> NMPM LEA County		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3769 GR		9. OGRID Number 372137
10. Pool name or Wildcat SOUTH, WILSON MORROW		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" 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: TA EXTENSION <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: 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: <input 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.

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. LAST MIT WAS COMPLETED 12/20/2017.

12/18/2018-MIT COMPLETED; START @ 560 PSI; ENDED @ 560 PSI; 32 MIN TEST; GOOD
 TEST; WITNESSED BY
 GARY ROBINSON-OCD

✓ pm.
 This Approval or temporary
 Abandonment Expires 6/18/19
 6-month extension

Spud Date: 02/21/2001

Rig Release Date: 06/16/2001

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: 817-953-3728

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>30-025-35379</i>	
Property Name <i>GRAMA Ridge 23 ST</i>		Well No. <i>#1</i>	

Surface Location

UL - Lot <i>A</i>	Section <i>23</i>	Township <i>21S</i>	Range <i>34E</i>	Feet from <i>660</i>	N/S Line <i>N</i>	Feet From <i>1260</i>	E/W Line <i>E</i>	County <i>LEA</i>
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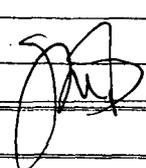
Well Status

TA'D WELL <input checked="" type="checkbox"/> YES	NO	SHUT-IN <input checked="" type="checkbox"/> YES	NO	INJECTOR INJ	SWD	PRODUCER OIL	<input checked="" type="checkbox"/> GAS	DATE <i>12-18-10</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(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	<i>0/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>0/N</i>	CO2 ___
Steady Flow	<i>Y/0</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/0</i>	WTR ___
Surges	<i>Y/0</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/0</i>	GAS ___
Down to nothing	<i>0/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>0/N</i>	Type of Fluid Injected for Waterflood if applies
Gas or Oil	<i>Y/0</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/0</i>	
Water	<i>Y/0</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/0</i>	

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

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