

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  
 Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

**HOBBS OGD**  
**FEB 02 2018**  
**RECEIVED**

WELL API NO. 30-025-43832
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 BUFFALO WEST 2 STATE COM 2BS
8. Well Number 5H
9. OGRID Number 372137
10. Pool name or Wildcat Buffalo; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3777

**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 LOT 2 : 125 feet from the NORTH line and 1325 feet from the EAST line  
 Section 2 Township 19S Range 33E NMPM LEA County

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: CEASE FLARING <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.

Buffalo West 2 State Com 2BS 5H-30-025-43832  
 FLARING WAS CEASED AND TURNED TO PRODUCTION 01/27/2018

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 Tech DATE 02/02/2018

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

**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 02/14/19

Conditions of Approval (if any):

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