

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 88211  
 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

**HOBBS OCE**  
**RECEIVED**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
 DEC 09 2019

WELL API NO. 30-025-46539
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 COM 3BS
8. Well Number 6H
9. OGRID Number 372137
10. Pool name or Wildcat GRAMA RIDGE; BONE SPRING, NE
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3712' GR

SUNDRY RECEIPTS 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 **D** : 155 feet from the NORTH line and 850 feet from the WEST line  
 Section 34 Township 21S 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: CHANGE NAME <input checked="" type="checkbox"/>		OTHER: <input 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.

11/26/2019-CHANGE NAME  
 FROM: GRAMA RIDGE EAST 34 STATE COM 3BS  
 TO: GRAMA RIDGE EAST 34 STATE COM 2BS - *PROVID 327290*

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 11/26/2019

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 12/11/19

Conditions of Approval (if any):