

District I  
1625 N French Dr., Hobbs, NM 88340  
Phone: (575) 393-6161 Fax: (575) 393-0720

**HOBBS OCD**  
NOV 14 2019  
**RECEIVED**

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>30-025-34390</i>
Property Name <i>JADE 34 Fed.</i>		Well No. <i>1</i>

Surface Location									
UL - Lot	Section	Township	Range	Feet from	NS Line	Feet From	E/W Line	County	
<i>I</i>	<i>34</i>	<i>19S</i>	<i>34E</i>	<i>1900</i>	<i>S</i>	<i>1150</i>	<i>E</i>	<i>LEA</i>	

Well Status										
TA'D WELL	SHUT-IN	INJ	INJECTOR	SWD	OIL	PRODUCER	DATE			
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> GAS	<i>11-8-19</i>		

**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Cng	(E)Tubing
Pressure					<i>NONE</i>
<b>Flow Characteristics</b>					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 ...
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ...
Surges	Y / N	Y / N	Y / N	Y / N	GAS ...
Down to nothing	Y / N	Y / N	Y / N	Y / N	Type of Fluid
Gas or Oil	Y / N	Y / N	Y / N	Y / N	Injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood if
					applies

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	
E-mail Address:			
Date:	Phone:		
Witness: <i>Larry Johnson</i>			

INSTRUCTIONS ON BACK OF THIS FORM



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

5. Lease Serial No.  
NMNM97896

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
JADE 34 FEDERAL 1

9. API Well No.  
30-025-34390

10. Field and Pool or Exploratory Area  
TEAS; BONE SPRING

11. County or Parish, State  
LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other Instructions on page 2**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
CHISHOLM ENERGY OPERATING, LLC  
Contact: JENNIFER ELROD  
Email: JELROD@CHISHOLMENERGY.COM

3a. Address  
801 CHERRY STREET SUITE 1200-UNIT 20  
FORT WORTH, TX 76102

3b. Phone No. (include area code)  
Ph: 817-953-3728

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 34 T19S R33E Mer NMP 1890FSL 1150FEL

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

08/06/2019-No tubing in well; set CIBP @9009 & dump bail 35' of Class C cmnt  
 \*\*BLM notified prior to MIT\*\*  
 11/08/2019-Perform MIT; Gary Robinson with OCD-Dist. 1, Hobbs was on location for witness. Start @ 570 psi, End 560 psi; 32 min. Good Test. MIT Complete.

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #492272 verified by the BLM Well Information System For CHISHOLM ENERGY OPERATING, LLC, sent to the Hobbs**

Name (Printed/Typed) JENNIFER ELROD Title SR REGULATORY ANALYST

Signature (Electronic Submission) Date 11/13/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office \_\_\_\_\_

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

*JLJ NMUCD 12-26-19*

**FOR RECORD ONLY**

**TEMORARILY ABANDONED  
WELLBORE DIAGRAM  
11/08/2019**

LEASE: <u>Jade 34 Federal</u>	WELL: <u>1</u>	FIELD: <u>Gem East</u>	API: <u>30-025-34390</u>
LOC: <u>1980 FSL &amp; 1150 FEL</u>	SEC: _____	BLK: _____	Reservoir: <u>Morrow</u>
SVY: <u>Sec. 34, T19S, R33E</u>	GL: <u>3583</u>	CTY/ST: _____	SPUD: <u>5/2/1998</u>
CURRENT STATUS: <u>TA</u>	KB: <u>3600</u>	DF: <u>3599</u>	TD DATE: <u>6/22/1998</u>
			COMP. DATE: <u>8/6/1998</u>

FRESH WATER  
DEPTH:

HOLE SIZE: 18-1/2  
SURF CSG & SIZE: 16" 65#, 75# & 85#  
SET @: 1345  
SXSCMT: 760  
CIRC: 317 sx  
TOC AT: Surf  
TOC BY: Circ

\*\*\*\*\*GEOLOGY\*\*\*\*\*

TOPS OF ALL ZONES  
PRODUCTIVE OF HYDRO-  
CARBONS:

HOLE SIZE: 14-3/4  
INT. CSG & SIZE: 11-3/4 65#  
SET @: 3540  
SXSCMT: 1200  
CIRC: 160 sx  
TOC AT: Surf  
TOC BY: Circ

CURRENT PERFS:

9149-9525

TBG:  
JTS:  
SN:  
TAC:  
ROD SIZE:

TOC @ 9064'  
CIBP@9099 w/35'cmnt

HOLE SIZE: 10-5/8  
Liner SIZE: 8-5/8 32#  
SET @: 5250  
TOL: 3345  
SXSCMT: 400  
CIRC: 3345  
TOC AT: 3345  
TOC BY:

SQUEEZE JOBS:

PKR:  
TYPE:

35' cmnt on top of CIBP  
CIBP @ 9982

DV Tool @ 10,032  
11,177-11,188  
CIBP @ 12,706  
13,165-13,185  
13,199-13,228

OH ID:  
COTD:  
PBDT: 9947'  
TD: 13690

10' cmnt on top of CIBP  
CIBP @ 13,276  
13,286-13,300  
5' cmnt on top of CIBP  
CIBP @ 13,333  
13,342-13,374

HOLE SIZE: 7-7/8  
PROD. CSG & SIZE: 5-1/2 17 & 20#  
SET @: 13690  
SXSCMT: 1st stg: 755 sx, 2nd stg: 1750 sx  
CIRC: yes - both stages  
TOC AT: Surf  
TOC BY: Circ

OPEN HOLE:

LINER:

BY: RR  
7/18/2019

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. 30-025-34390
5. Indicate Type of Lease STATE <input type="checkbox"/> FED MIT/TA <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name JADE 34 FEDERAL
8. Well Number 1
9. OGRID Number 372137
10. Pool name or Wildcat TEAS; BONE SPRING
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**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 : SWD/INJECTION

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 \_\_\_\_\_ : 1890 feet from the SOUTH line and 1150 feet from the EAST line  
 Section 34 Township 19S Range 33E NMPM County LEA

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: T/MIT <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.

11/13/2019-PLEASE SEE ATTACHED T/MIT SUNDRY SUBMITTED TO BLM ALONG WITH WBD, AND SUCCESSFUL MIT FOR THE WELL REFERENCED ABOVE.

Spud Date:

Rig Release Date:

**FOR RECORD ONLY**

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 11/13/2019

Type or print name JENNIFER ELROD E-mail address: JELROD@CHISHOLMENERGY.COM PHONE: 817-953-3728

**For State Use Only**

APPROVED BY: Kerry Fute TITLE C.O A DATE 12-26-19

Conditions of Approval (if any):