

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. 30-025-37643
5. Indicate Type of Lease FED MIT/TA STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WAPATI 31 FEDERAL
8. Well Number 2
9. OGRID Number 372137
10. Pool name or Wildcat E-K; 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

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 _____ : 330 feet from the SOUTH line and 1830 feet from the WEST line
 Section 31 Township 18S Range 4E 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: <input type="checkbox"/>		OTHER: TA/MIT <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.

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

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 11/13/2019

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

For State Use Only

APPROVED BY: Kerry Tate TITLE C.O. A DATE 12-26-19
 Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6181 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>30-025-37643</i>
Property Name <i>WAPITI 31 Fed.</i>		Well No. <i>#2</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	NS Line	Feet From	E/W Line	County
<i>0</i>	<i>31</i>	<i>185</i>	<i>34E</i>	<i>330</i>	<i>5</i>	<i>1830</i>	<i>E</i>	<i>LEA</i>

Well Status

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> INJ	<input type="checkbox"/> INJECTOR	<input type="checkbox"/> SWD	<input checked="" type="checkbox"/> OIL	<input type="checkbox"/> PRODUCER	<input type="checkbox"/> GAS	DATE <i>11-8-19</i>
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OBSERVED DATA

	(A) Surface	(B) Intern(1)	(C) Intern(2)	(D) Prod Csg	(E) Tubing
Pressure	<i>0</i>			<i>0</i>	<i>NONE</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 _____
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR _____
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS _____
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid _____
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for _____
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if _____

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

i/a TEST

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date:	Phone:		
Witness: <i>Steve Robinson</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.
NMNM107396

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other Instructions on page 2

8. Well Name and No.
WAPITI 31 FEDERAL 2

9. API Well No.
30-025-37643

10. Field and Pool or Exploratory Area
E-K; BONE SPRING

11. County or Parish, State

LEA COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other

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

3a. Address 3b. Phone No. (include area code)
801 CHERRY STREET SUITE 1200-UNIT 20 Ph: 817-953-3728
FORT WORTH, TX 76102

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 31 T18S R34E Mer NMP 330FSL 1830FWL

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.

08/05/2019-Pulled Rods
08/06/2019-Pulled Tubing
08/07/2019-Set CIBP @ 9050'; Dump Bail 35' of Cmnt w/TOC @ 9015'MD.

24 NOTIFICATION GIVEN TO BLM PRIOR TO PERFORMING MIT TEST
11/08/2019-Perform MIT, Gary Robinson OCD-Hobbs on location to witness test. Start @ 620 psi, End @ 600 psi, 32 min; good test. TA Complete.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #492302 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 ****

XZ NM OCD 11-26-19

FOR RECORD ONLY



Wapiti 31 Federal 2
API # 30-025-37643
 TEMPORARILY ABANDONED WBD
 11/08/2019

