| Submit I Conv To Appropriate Distriction and Marine Conversion                                                                                                                                                                                                                              | Amended 6/18/19                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Submit 1 Copy To Appropriate RECEIVED State of New Mexico<br>Office<br>District I = (575) 393-6161 Energy, Minerals and Natural Re                                                                                                                                                          | Form C-103<br>Revised July 18, 2013                 |
| 1625 N. French Dr., Hobbs, NM 88249 1 9 2019                                                                                                                                                                                                                                                | WELL API NO.<br>30-015-44406                        |
| 811 S. First St. Artagia NM 88210 UIL CONSERVATION DIV                                                                                                                                                                                                                                      | 5. Indicate Type of Lease                           |
| District III – (505) 334-6178, AND DOCO ARTES Bouth St. Francis D<br>1000 Rio Brazos Rd., Francis D<br>District IV – (505) 476-1460 Santa Fe, NM 87505                                                                                                                                      | 6. State Oil & Gas Lease No.                        |
| 1220 S. St. Francis Dr., Santa Fe, NM                                                                                                                                                                                                                                                       | 6. State Off & Gas Lease No.                        |
| 87505<br>SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAC<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUC                                                                                             |                                                     |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other SWD                                                                                                                                                                                                                                    | 8. Well Number 1                                    |
| 2. Name of Operator<br>NGL Water Solutions Permian LLC                                                                                                                                                                                                                                      | 9. OGRID Number 372338                              |
| 3. Address of Operator<br>1509 W wall St, Suite 306, Midland, TX 79701                                                                                                                                                                                                                      | 10. Pool name or Wildcat<br>SWD: Devonian; Silurian |
| 4. Well Location B 1016 North                                                                                                                                                                                                                                                               | 1395 East                                           |
| Unit Letter       :       feet from the         Section 1       Township 23S       Range 2                                                                                                                                                                                                  | line andfeet from thelineline                       |
| 11. Elevation (Show whether DR, RKB)                                                                                                                                                                                                                                                        |                                                     |
| 2995 GR                                                                                                                                                                                                                                                                                     |                                                     |
| 12. Check Appropriate Box to Indicate Nature                                                                                                                                                                                                                                                | of Notice, Report or Other Data                     |
|                                                                                                                                                                                                                                                                                             | SUBSEQUENT REPORT OF:                               |
| NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL                                                                                                                                                                                                                |                                                     |
| TEMPORARILY ABANDON 🗌 CHANGE PLANS 🔲 CON                                                                                                                                                                                                                                                    | IMENCE DRILLING OPNS. P AND A                       |
|                                                                                                                                                                                                                                                                                             |                                                     |
| DOWNHOLE COMMINGLE                                                                                                                                                                                                                                                                          | 1st int csg & cmt                                   |
| OTHER:                                                                                                                                                                                                                                                                                      | ER:                                                 |
| 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. |                                                     |
| 12/28/18: Drld 17.5" hole to 2674". Reached TD on 12/30/18. RU c                                                                                                                                                                                                                            | sg crew on 12/30/18 and ran 67 jts 13-3/8" 68#      |
| HCL-80 BTC. Set at 2664' on 12/30/18. RU cementers on 12/30/201                                                                                                                                                                                                                             | 8 and cmt as follows: 1450 sxs 13.7 ppg. 80 bbls    |
| back to surface. Cmt in place at 0700 hrs 12/31/2018. Pressure tested WOC. NDA @0000 hrs 1/1/19.                                                                                                                                                                                            |                                                     |
|                                                                                                                                                                                                                                                                                             | 5/3 For 30 minutes                                  |
| Notified OCD of csg and cmt on 12/29/18                                                                                                                                                                                                                                                     | 7012 00 100                                         |
| Notified OCD of esg and enit on 12/23/18                                                                                                                                                                                                                                                    |                                                     |
|                                                                                                                                                                                                                                                                                             |                                                     |
|                                                                                                                                                                                                                                                                                             |                                                     |
|                                                                                                                                                                                                                                                                                             |                                                     |
|                                                                                                                                                                                                                                                                                             |                                                     |
| Spud Date:12/25/18Rig Release Date:                                                                                                                                                                                                                                                         |                                                     |
|                                                                                                                                                                                                                                                                                             |                                                     |
| I hereby certify that the information above is true and complete to the best of                                                                                                                                                                                                             | my knowledge and belief.                            |
|                                                                                                                                                                                                                                                                                             |                                                     |
| SIGNATURE ATOM OF LL TITLE                                                                                                                                                                                                                                                                  | gulatory Compliance                                 |
| / 0:                                                                                                                                                                                                                                                                                        |                                                     |
| Type or print name E-mail address:                                                                                                                                                                                                                                                          | h.jordan@nglep.com PHONE:                           |
| For State Use Only                                                                                                                                                                                                                                                                          | d                                                   |
| APPROVED BY: Accepted for recor                                                                                                                                                                                                                                                             | DATE                                                |
| Conditions of Approval (if any):                                                                                                                                                                                                                                                            |                                                     |
|                                                                                                                                                                                                                                                                                             |                                                     |
|                                                                                                                                                                                                                                                                                             |                                                     |