| Submit 1 Copy To Appropriate District | State of New Mexico | | Form C-103 |
|--|--|------------------------------|---|
| Office District I – (575) 393-6161 | En Arri Minorals and Natural Description | | Revised July 18, 2013 |
| 625 N. French Dr., Hobbs, NM 88240 | | WELL API NO. | |
| Vistrict II – (575) 748-1283 | | 30-025-44273 | |
| District III – (505) 334-6178 | | is Dr. | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 874 6 | | 05 | STATE FEE X 6. State Oil & Gas Lease No. |
| District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | | 6. State Off & Gas Lease No. | |
| 87505 | | | |
| SUNDRY NOTICES & REPORTS ON WELLS | | | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | |
| PROPOSALS.) | | | Zeus SWD |
| 1. Type of Well: Oil Well Gas Well Other SWD | | | 8. Well Number 1 |
| 2. Name of Operator | | | 9. OGRID Number |
| Solaris Water Midstream, LLC | | | 371643 |
| 3. Address of Operator | | 10. Pool name or Wildcat | |
| 907 Tradewinds Blvd, Suite B, Midland, TX 79706 | | | |
| 4. Well Location | | | |
| Unit Letter P: 199 feet from the South line and 335 feet from the East line | | | |
| Section 35 Township 21S Range 32E NMPM Lea County | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) • | | | |
| 3659' GR | | | |
| | | | |
| 12 Check Appre | onriate Roy to Indicate Nat | ure of Notice R | Report or Other Data |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ | | | |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ | | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | |
| DOWNHOLE COMMINGLE | | | |
| CLOSED-LOOP SYSTEM | | | |
| OTHER: | | OTHER: Acid Jo | ob X |
| | | | |
| 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. | | | |
| proposed compression of recomposition | | | |
| 12/18/18: | | | |
| | | | |
| Acidize 6-1/2" OH (16,320' – 17,400') with 5000 gals 20% HCL gelled acid and 5000 gal SDA acid. | | | |
| | | | |
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| | | | |
| | | | |
| Provide date of first injection, rate, pressure | | | |
| and volume | | | |
| | | | |
| | • | | |
| | | | |
| Spud Date: 10/1/18 | Rig Release Date | . 12/9/18 | |
| Spud Date. | | • | |
| | | | |
| | | | |
| hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| Δ | 1 | | |
| SIGNATURE ASMONIA LULIU | A AA TITLE Begulate | m. Took DA' | TE 1/10/10 |
| SIGNATURE Sonnu (TITLE Regulatory Tech DATE 1/18/19 | | | |
| Type or print name Bonnie Atwater_ E-mail address: bonnie.atwater@solarismidstream.com PHONE: 432-203-9020 | | | |
| For State Use Only | | | |
| | | | |
| APPROVED BY: Jaken Sharp TITLE Staff Mgr DATE 1-24-19 Conditions of Approval off any): | | | |
| Conditions of Approval (if any): | | | |
| John Control of Paparonal (it mit). | | | |

SOLARIS MIDSTREAM LLC Zeus #1 SWD API 30-025-44273 ACTUAL COMPLETION WELLBORE DATA SHEET AS OF 12/11/2018



