

Submit a 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

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.)		WELL API NO. 30-025-47947
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other X - SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Goodnight Midstream Permian, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 5910 N Central Expressway, Suite 850, Dallas, TX 75206		7. Lease Name or Unit Agreement Name Sosa SA 17 SWD
4. Well Location Unit Letter <u>N</u> : <u>470</u> feet from the <u>South</u> line and <u>1815</u> feet from the <u>West</u> line Section <u>17</u> Township <u>21S</u> Range <u>36E</u> NMPM County <u>Lea</u>		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3648		9. OGRID Number <u>372311</u>
10. Pool name or Wildcat SWD; San Andres		

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <u>Revise TubingPlan</u> <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.

We propose to increase the injection tubing size to 5-1/2 " from the originally authorized 4-1/2".

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 Nathan Alleman TITLE Regulatory Specialist - Consultant DATE 01/12/2021

Type or print name Nathan Alleman E-mail address: nalleman@all-llc.com PHONE: 918-382-7581
For State Use Only

APPROVED BY: Dylan Rose-Coss TITLE Petroleum Specialist DATE 1/12/21
 Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
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Phone:(505) 476-3470 Fax:(505) 476-3462

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Santa Fe, NM 87505

CONDITIONS

Action 14541

CONDITIONS OF APPROVAL

Operator: GOODNIGHT MIDSTREAM PERMIAN, L Suite 850 Dallas, TX75206		5910 North Central Expressway	OGRID: 372311	Action Number: 14541	Action Type: C-103Z
OCD Reviewer drose	Condition Additional requests to increases tubing size will not be considered at this time.				