

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 373879
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 NUMBER 30-025-51764
1. Type of Well: Salt Water Disposal		5. Indicate Type of Lease Private
2. Name of Operator Permian Oilfield Partners, LLC		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 3329, Hobbs, NM 88241		7. Lease Name or Unit Agreement Name WILDRYE FEE SWD
4. Well Location Unit Letter <u>A</u> : <u>410</u> feet from the <u>N</u> line and feet <u>240</u> from the <u>E</u> line Section <u>20</u> Township <u>19S</u> Range <u>35E</u> NMPM _____ County <u>Lea</u>		8. Well Number 001
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3797 GR		9. OGRID Number 328259
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
Other: _____		Other: <u>Spud</u> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
9/4/2024 Spudded well.		
Spud in McVay #2 on Wildrye Fee SWD #1 @ 10:30 A.M. CDT 09/04/2024. Gilbert Cordero, NMOCD notified.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		
SIGNATURE	Electronically Signed	TITLE
Type or print name	Gary E Fisher	E-mail address
President		DATE
Telephone No.		9/20/2024
For State Use Only:		
APPROVED BY:	Sarah K McGrath	TITLE
Petroleum Specialist - A		DATE
		9/24/2024