

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. 30-025-43901
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Ryno SWD
8. Well Number 001
9. OGRID Number 372311
10. Pool name or Wildcat SWD; San Andres

OCD – HOBBS
11/12/2020
RECEIVED

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other X SWD 2. Name of Operator Goodnight Midstream Permian, LLC 3. Address of Operator 5910 North Central Expressway, Suite 580, Dallas, TX 75206 4. Well Location Unit Letter _____ H _____ : 1450 _____ feet from the North _____ line and _____ 708 _____ feet from the East _____ line Section 17 Township 21S Range 36E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3612" GL	
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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"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: Injectivity Test <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

Goodnight is notifying OCD of their intention to perform a voluntary injectivity test on the Ryno SWD. The test is schedule to be performed Tuesday, November 17, 2020. The test is expected to be performed as follows:

Test Step	Injection Rate (BPM)	Rate (BWPD)	Surface tubing pressure (psi)	Comment	Weight of water Column (lbs)	Friction Loss in 4 ½" Tubing	Bottom Hole Pressure (psi)	Fracture Gradient at BHP
Step 1	14	20,160	38	measured	2167	347	1858	0.424
Step 2	17	24,480	70	measured	2167	495	1742	0.398
Step 3	20	28,800	132	estimated	2167	667	1632	0.373
Step 4	23	33,120	247	estimated	2167	862	1552	0.354
Step 5	26	37,440	463	estimated	2167	1080	1550	0.354
Step 6	29	41,760	866	estimated	2167	1322	1711	0.391
Step 7	32	46,080	1621	estimated	2167	1583	2205	0.503
Current MASIP = 1050 PSI					Specific Gravity of water to be used in test= 1.14 (9.514 lbs/gal)			
Shallowest perforation in the well= 4380 ft					Packer set at 4350 ft			

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 – ALL Consulting DATE 11/12/2020

Type or print name Nathan Alleman E-mail address: nalleman@all-llc.com PHONE: 918-237-0559

For State Use Only

APPROVED BY: [Signature] TITLE _____ DATE 11/16/2020

Conditions of Approval (if any): _____