Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised July 18, 2013 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 30-025-43901 District II - (575) 748-1283 OIL CONSERVATIVE NOIVISION 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1220 South St. Francis Dr. 5. Indicate Type of Lease 1000 Rio Brazos Rd., Aztec, NM 87410 STATE FEE 🖂 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 6. State Oil & Gas Lease No. 87505 SUNDRY NOTICES AND REPORTS ON COLLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DESCRIPTION OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH 7. Lease Name or Unit Agreement Name Ryno SWD PROPOSALS.) 8. Well Number 1 1. Type of Well: Oil Well Gas Well Other SWD 2. Name of Operator 9. OGRID Number 372311 Goodnight Midstream Permian LLC 3. Address of Operator 10. Pool name or Wildcat 5910 North Central Expressway, Suite 580, Dallas TX 75206 SWD Devonian 4. Well Location Unit Letter H : 1450 feet from the North line and 708 feet from the Township 21S **NMPM** Section Range Eddy County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 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 \boxtimes COMMENCE DRILLING OPNS.□ P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: OTHER: 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. As discussed between Maxey Brown and Chris Gaddy this morning, well will be completed open-hole in the Devonian. 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 TITLE Consultant DATE 7/12/18 Type or print name Brian Wood E-mail address: <u>brian@permitswest.com</u> PHONE: 505-466-8120 For State Use Only DATE 7/16/2018 APPROVED BY: Conditions of Approval (if any)