

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
Santa Fe, NM 87505

RECEIVED
HOBBS
OCD
OCT 04 2018

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO MOVE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-44189
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Solaris Water Midstream, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 907 Tradewinds Blvd, Suite B, Midland, TX 79706		7. Lease Name or Unit Agreement Name Okeanos SWD
4. Well Location Unit Letter <u>M</u> : <u>789</u> feet from the <u>South</u> line and <u>507</u> feet from the <u>West</u> line Section <u>36</u> Township <u>20S</u> Range <u>34E</u> NMPM Lea County		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3535' GR		9. OGRID Number <u>371643</u>
		10. Pool name or Wildcat SWD; Devonian - Silurian

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT / Bradenhead Test	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.

9/28/18 - Ran MIT test for SWD per NMOCD Order 1701-A.

Ran test at 360 psi for 13 hrs. Test good

Chart Attached.

32 min

Spud Date:

7/18/18

Rig Release Date:

9/23/18

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bonnie Atwater TITLE Regulatory Tech DATE 10/1/18

Type or print name Bonnie Atwater E-mail address: bonnie.atwater@solarismidstream.com PHONE: 432-203-9020

For State Use Only

APPROVED BY: M. S. Brown TITLE AO/I DATE 10/9/2018

Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name Solaris		API Number 30-025-44189	
Property Name OKEANOS SWD		Well No. 1	

7. Surface Location

UL - Lot M	Section 36	Township 20S	Range 34E	Feet from 789	N/S Line 2	Feet From 507	E/W Line W	County Lea
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR SWD	PRODUCER OIL	GAS	DATE 9/28/18
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	φ	—	—	φ	φ
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 —
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR —
Surges	Y/N	Y/N	Y/N	Y/N	GAS —
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if
					applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Initial mit + BHT

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: 9/28/18	Phone:		
Witness: [Signature]			

INSTRUCTIONS ON BACK OF THIS FORM