

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-45427
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Sidewinder SWD
8. Well Number 1
9. OGRID Number 372338
10. Pool name or Wildcat SWD Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3330 GR

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK 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 <input checked="" type="checkbox"/> SWD	
2. Name of Operator NGL Water Solutions Permian, LLC	
3. Address of Operator 1509 W Wall St, suite 306, Midland, TX 79701	
4. Well Location Unit Letter O : 1756 feet from the North line and 18 feet from the East line Section 15 Township 25S Range 34E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3330 GR	

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"/>		1st Injection	
CLOSED-LOOP SYSTEM <input type="checkbox"/>		OTHER: <input 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.

7/1/19 - First Injection into well.

Spud Date:

1/31/19

Rig Release Date:

4/3/19

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

SIGNATURE

*Sarah Jordan*

Manager Regulatory Compliance

TITLE

DATE

7/2/19

Type or print name

Sarah Jordan

E-mail address:

Sarah.Jordan@nglep.com

PHONE:

For State Use Only

APPROVED BY:

*[Signature]*

TITLE

Petroleum Engineer

DATE

07/10/19

Conditions of Approval (if any):