

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

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

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 NO. <u>30-015-28676</u>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>SWD</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <u>Select Water Solutions, LLC</u>		6. State Oil & Gas Lease No.
3. Address of Operator <u>1820 N I-35, Gainesville TX 76240</u>		7. Lease Name or Unit Agreement Name <u>Dow B Federal</u>
4. Well Location Unit Letter <u>P</u> : <u>1028</u> feet from the <u>South</u> line and <u>1227</u> feet from the <u>East</u> line Section <u>28</u> Township <u>17S</u> Range <u>31E</u> NMPM County <u>Eddy</u>		8. Well Number <u>#001</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>289068</u>
10. Pool name or Wildcat <u>Wolfcamp</u>		

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"/>	
DOWHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <u>Cleanout</u> <input checked="" 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.

Request to perform cleanout operations on SWD. Expected Rig Up week of 21st April.

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 [Signature] TITLE Reg. Compliance DATE 4/9/25

Type or print name David Cheek E-mail address: dcheek@selectwater.com PHONE: 405-482-7508
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

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CONDITIONS

Action 450414

CONDITIONS

Operator: SELECT WATER SOLUTIONS, LLC 1820 N I-35 Gainesville, TX 76240	OGRID: 289068
	Action Number: 450414
	Action Type: [C-103] NOI General Sundry (C-103X)

CONDITIONS

Created By	Condition	Condition Date
ward.rikala	Notify the OCD via email 24 Hours Prior to beginning operations.	4/11/2025
ward.rikala	No change to the tubing size or packer setting depth is approved.	4/11/2025
ward.rikala	MIT must be performed and witnessed prior to well being returned to injection.	4/11/2025