

Santa Fe Main Office

Phone: (505) 476-3441 Fax: (55) 476-3462

General Information

Phone: (505) 629-6116

Online Phone Directory Visit:

<https://www.emnrd.nm.gov/ocd/contact-us/>State of New Mexico  
Energy, Minerals and Natural ResourcesForm C-103  
Revised July 18, 2013OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.	30-025-51764
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	Wildrye Fee SWD
8. Well Number	1
9. OGRID Number	328259
10. Pool name or Wildcat SWD; DEVONIAN-SILURIAN	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3797' GR

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 ☐ Gas Well ☐ Other SWD

2. Name of Operator Permian Oilfield Partners LLC

3. Address of Operator  
1008 Southview Circle, Center, TX 759354. Well Location  
Unit Letter A: 410 feet from the North line and 240 feet from the South line  
Section 20 Township 19S Range 35E NMPM County Lea

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
 DOWNHOLE COMMINGLE ☐  
 CLOSED-LOOP SYSTEM ☐  
 OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☐  
 CASING/CEMENT JOB ☐  
 OTHER: Initial injection ☒

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.

Initial injection 11/13/2024

Spud Date:

9/4/2024

Rig Release Date:

11/10/2024

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

SIGNATURE  TITLE President DATE 11/13/2024Type or print name Gary Fisher E-mail address: gfisher@popmidstream.com PHONE: 720-315-8035**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

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CONDITIONS

Action 403886

CONDITIONS

Operator: Permian Oilfield Partners, LLC PO Box 3329 Hobbs, NM 88241	OGRID: 328259
	Action Number: 403886
	Action Type: [C-103] Sub. For Delivery (C-103V)

CONDITIONS

Created By	Condition	Condition Date
jason.heslop	This sundry is Accepted into the record and should not be construed as having any affect upon the status of the well including whether the well is in inactive status or temporary abandonment; nor does it grant an extension to an injection permit.	12/24/2025