

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 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. 30-015- <u>44557</u>
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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Solaris Water Midstream, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 701 Tradewinds Blvd., Suite C, Midland, TX 79706		7. Lease Name or Unit Agreement Name Corral Fly State SWD <u>320044</u>
4. Well Location Unit Letter M : 814 feet from the South line and 1212 feet from the West line Section 1 Township 25-S Range 29-E NMPM County Eddy		8. Well Number 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3083' G.R.		9. OGRID Number 371643
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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: NAME CHANGE <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

Solaris Water Midstream is required to add "State" to the proposed well name.

The complete well name shall be Corral Fly State SWD No.1.

Change will be implemented immediately upon approval of C-101 and pending SWD permit.

NM OIL CONSERVATION
 ARTESIA DISTRICT
 NOV 21 2017
 RECEIVED

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 *Ben Foster* TITLE Agent/consultant DATE 11/21/2017

Type or print name _____ E-mail address: ben@sosconsulting.us PHONE: 903-488-9850

For State Use Only

APPROVED BY: *Ben Foster* TITLE Office Admin DATE 11-21-2017
 Conditions of Approval (if any): _____

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
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State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

NM OIL CONSERVATION
ARTESIA DISTRICT

Form C-102

NOV 21 2017 Revised August 1, 2011

Submit one copy to appropriate
District Office

RECEIVED
AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015- 44557	Pool Code 97869	Pool Name SWD; Devman-Sulana
Property Code 320044	Property Name CORRAL FLY STATE SWD	Well Number 1
OGRID No. 371643	Operator Name SOLARIS MIDSTREAM	Elevation 3083'

Surface Location

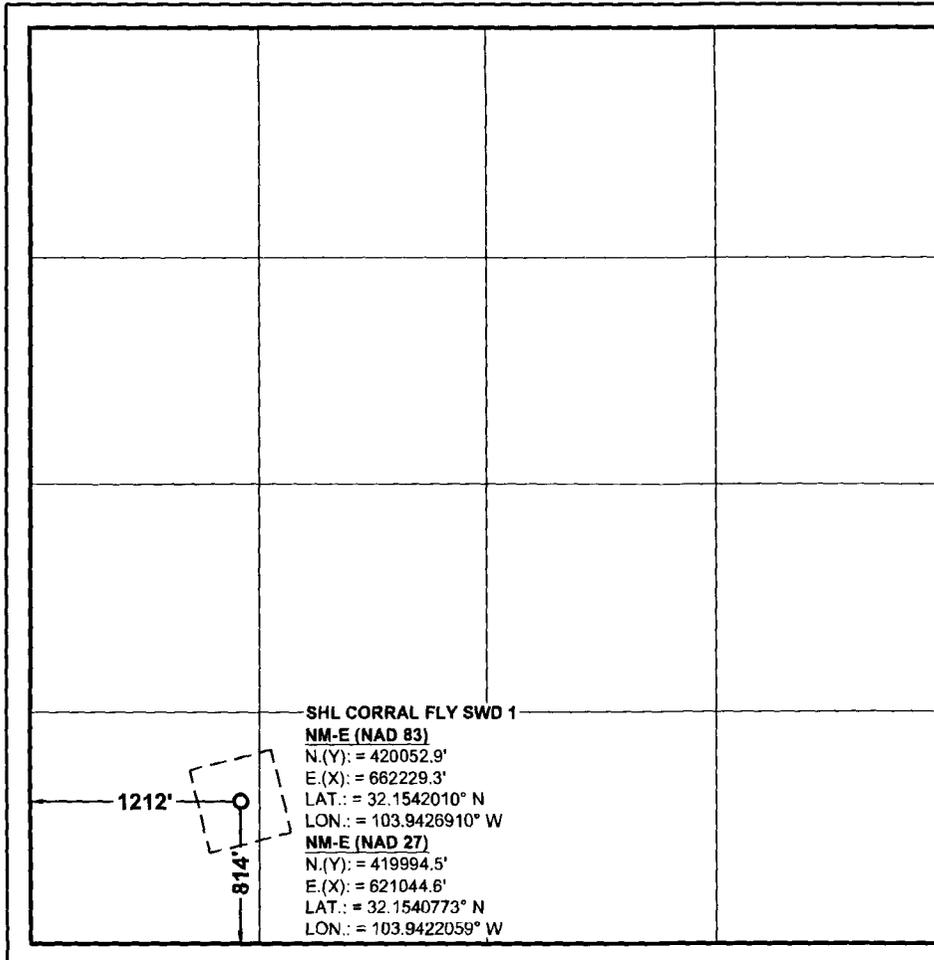
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	1	25S	29E		814'	S	1212'	W	EDDY

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres 5.00	Joint or Infill	Consolidated Code	Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature _____ Date _____

Print Name _____

E-mail Address _____

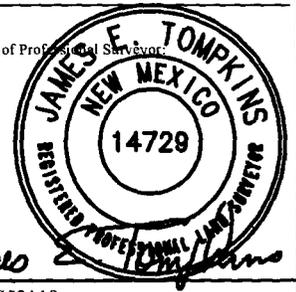
SURVEYORS CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

SEPTEMBER 29, 2017

Date of Survey _____

Signature and Seal of Professional Surveyor _____



Job No. WTC52119

JAMES E. TOMPKINS 14729

Certificate Number _____