

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

CORRECTED

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-015-44530
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 Alpha SWD
8. Well Number 2
9. OGRID Number 372338
10. Pool name or Wildcat SWD: Silurian-Devonian

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 **NM OIL CONSERVATION**

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 C : 353 feet from the North line and 2398 feet from the West line
Section 18 Township 23S Range 28E NMPM County Eddy

11. Elevation. (Show whether DR, RKB, RT, GR, etc.)
3051 GR

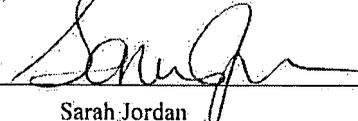
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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"/>		2nd int casing <input type="checkbox"/>	
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 NDA on 9/23/18. 9/29/18 Drld 12-1/4 to TD @ 9261'. 10/1/18 Log well. RU and ran 229 jts 9-5/8 53.5# HCL 80 BTC. Set csg @ 9234'. Upper DV tool played at 2433' and lower DV tool complete with external casing pkr set at 5539'. 75 jts of 229 were externally bond coated. 10/2/18 cmt csg as follows: 1st stage: 245 bbls (1120 sxs) 15.6 ppg HalCem. Circ 20 bbls back to surface after opening DV tool. 2nd stage: 190 bbls (625 sxs) Halcem 13.7 ppg HalCem. Circ 40 bbls back to surface after opening upper DV tool. 3rd stage: 144 bbls (455 sxs) Halcem 13.7 ppg. Circ 10 bbls back to surface. CIP @ 2100 hrs on 10/2/18. 10/3/18 DO float equipment to 20' above shoe. Pressure test csg to 2000 psi for 30 mins. Good Test. 10/3/18 DO float shoe and 10' of new formation. Perform FIT test to 13.5 EMW for 15 mins. NDA 10/4/18.

Spud Date: 9/15/18 Rig Release Date:

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

SIGNATURE  TITLE Manager of Red Compliance DATE 3-7-19
 Type or print name Sarah Jordan E-mail address sarah.jordan@nglep.com PHONE: 432/685-0005

For State Use Only
 APPROVED BY: Accepted for record TITLE NMOCDD DATE
 Conditions of Approval (if any):