

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  
 Minerals and Natural Resources  
**RECEIVED**  
**FEB 10 2020**  
 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**EMNRD-OCD ARTESIA**

Form C-103  
 Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		WELL API NO. 30-015-45367
2. Name of Operator Solaris Water Midstream, LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 907 Tradewinds Blvd, Suite B, Midland, TX 79706		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>D</u> : <u>690</u> feet from the <u>N</u> line and <u>220</u> feet from the <u>W</u> line Section <u>20</u> Township <u>24S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		7. Lease Name or Unit Agreement Name Berry SWD
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2954 GR		8. Well Number <u>1</u>
		9. OGRID Number <u>371643</u>
		10. Pool name or Wildcat

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

<b>NOTICE OF INTENTION TO:</b> 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: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> 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: MIT Test <input checked="" 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.

1/29/2020  
 Notified NMOCD 1/28/2020

Ran MIT test for 30 min:  
 Beginning: 610#  
 Ending: 640#

Chart attached.

Test not witnessed by NMOCD.

Spud Date: 12/17/19

Rig Release Date: 1/30/2020

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

SIGNATURE Bonnie Atwater TITLE Regulatory Tech DATE 2/7/2020

Type or print name Bonnie Atwater E-mail address: bonnie.atwater@solarismidstream.com PHONE: 432-203-9046  
**For State Use Only**

APPROVED BY: [Signature] TITLE compliance officer DATE 2-11-20  
 Conditions of Approval (if any):