

Santa Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 377830																				
		WELL API NUMBER 30-025-51764																				
		5. Indicate Type of Lease Private																				
		6. State Oil & Gas Lease No.																				
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.)		7. Lease Name or Unit Agreement Name WILDRIE FEE SWD																				
1. Type of Well: Salt Water Disposal		8. Well Number 001																				
2. Name of Operator Permian Oilfield Partners, LLC		9. OGRID Number 328259																				
3. Address of Operator PO Box 3329, Hobbs, NM 88241		10. Pool name or Wildcat																				
4. Well Location Unit Letter <u>A</u> : <u>410</u> feet from the <u>N</u> line and feet <u>240</u> from the <u>E</u> line Section <u>20</u> Township <u>19S</u> Range <u>35E</u> NMPM County <u>Lea</u>																						
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3797 GR																						
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width: 100%;"> <tr> <td colspan="2"> NOTICE OF INTENTION TO: </td> <td colspan="2"> SUBSEQUENT REPORT OF: </td> </tr> <tr> <td>PERFORM REMEDIAL WORK</td> <td><input type="checkbox"/></td> <td>REMEDIAL WORK</td> <td><input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON</td> <td><input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING</td> <td><input type="checkbox"/></td> <td>CASING/CEMENT JOB</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td></td> <td>Other: Perforations/Tubing</td> <td><input checked="" type="checkbox"/></td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK	<input type="checkbox"/>	REMEDIAL WORK	<input type="checkbox"/>	TEMPORARILY ABANDON	<input type="checkbox"/>	COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	CASING/CEMENT JOB	<input type="checkbox"/>	Other:		Other: Perforations/Tubing	<input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 11/7/2024 RU wireline. Run wireline gauge ring. PU 7 5/8" x 5 1/2" inconel permanent packer. RIH & set packer @ 14470'. POOH w/wireline. Test packer to 500# psi. MU seal assembly & run 7" 26# HCP110 HTGT x 5.5" 17# HCL80 HTGT tubing string. Sting in & space out. Sting out. Pump 400 bbl diesel packer fluid w/ additives down backside. Sting in and set tubing w/ 90 klbs compression. Test backside to 500 psi - good.																						
Perforations																						
Pool: SWD; DEVONIAN-SILURIAN , 97869 Location: A -20-19S-35E 410 N 240 E																						
TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount															
14530	15575	Y	0	0	SlickWater	Acid	40000															
Tubing																						
SWD;DEVONIAN-SILURIAN , 97869																						
Tubing Size	Type	Depth Set	Packer Set																			
5.5	HCL80	14470	14470																			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .																						
SIGNATURE	<u>Electronically Signed</u>	TITLE	<u>President</u>	DATE	<u>11/12/2024</u>																	
Type or print name	<u>Gary E Fisher</u>	E-mail address	<u>gfisher@popmidstream.com</u>	Telephone No.	<u>720-315-8035</u>																	
For State Use Only:																						
APPROVED BY:	<u>Patricia L Martinez</u>	TITLE	_____	DATE	<u>2/6/2025 4:03:59 PM</u>																	