

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

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

<p>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.)</p>		<p>WELL API NO. <u>30-015-32265</u></p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>SWD</u></p>		<p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p>
<p>2. Name of Operator <u>Select Water Solutions, LLC</u></p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator <u>1820 N I-35, Gainesville TX 76240</u></p>		<p>7. Lease Name or Unit Agreement Name <u>Jamaca Federal SWD</u></p>
<p>4. Well Location Unit Letter <u>A</u> : <u>903</u> feet from the <u>North</u> line and <u>659</u> feet from the <u>East</u> line Section <u>29</u> Township <u>17S</u> Range <u>31E</u> NMPM County <u>Eddy</u></p>		<p>8. Well Number <u># 001</u></p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>9. OGRID Number <u>289068</u></p>
<p>10. Pool name or Wildcat <u>Wolfcamp</u></p>		

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: Cleanout ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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.

Request to perform cleanout operations on SWD. Expected Rig up
date of 4/14/2025.

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 [Signature] TITLE Reg. Compliance DATE 4/4/25

Type or print name David Cheek E-mail address: dcheek@selectwater.com PHONE: 405-482-7508
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

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CONDITIONS

Action 448912

CONDITIONS

Operator: SELECT WATER SOLUTIONS, LLC 1820 N I-35 Gainesville, TX 76240	OGRID: 289068
	Action Number: 448912
	Action Type: [C-103] NOI General Sundry (C-103X)

CONDITIONS

Created By	Condition	Condition Date
ward.rikala	Notify the OCD via email 24 Hours Prior to beginning operations.	4/11/2025
ward.rikala	Tubing size and packer depth are not to be changed.	4/11/2025
ward.rikala	MIT must be performed and witnessed prior to returning this well to injection.	4/11/2025