

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

NMOCD-REC'D 10/29/2020

Form C-103  
 Revised July 18, 2013

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

WELL API NO. 30-015-44407	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Striker 3	
8. Well Number 001	
9. OGRID Number 372338	
10. Pool name or Wildcat: Devonian	
<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: Saltwater Disposal 2. Name of Operator: NGL Water Solutions Permian, LLC 3. Address of Operator: 3773 Cherry Creek N. Drive, Suite 1000, Denver, CO 80209 4. Well Location Unit Letter P : 472 feet from the South line and 897 feet from the East line Section 33 Township 23S Range 28E NMPM 6 County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 checked="" 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.

Pressure found on tubing casing annulus.  
 Shut well in and started workover.  
 Found leak in tubing cross-over sub (i.e. swedge from 5-1/2" to 4-1/2").  
 Replace cross-over sub and re-run tubing.  
 Performed mechanical integrity test and return to injection.

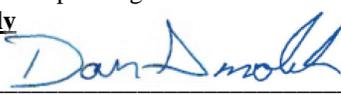
Spud Date: June 9, 2020

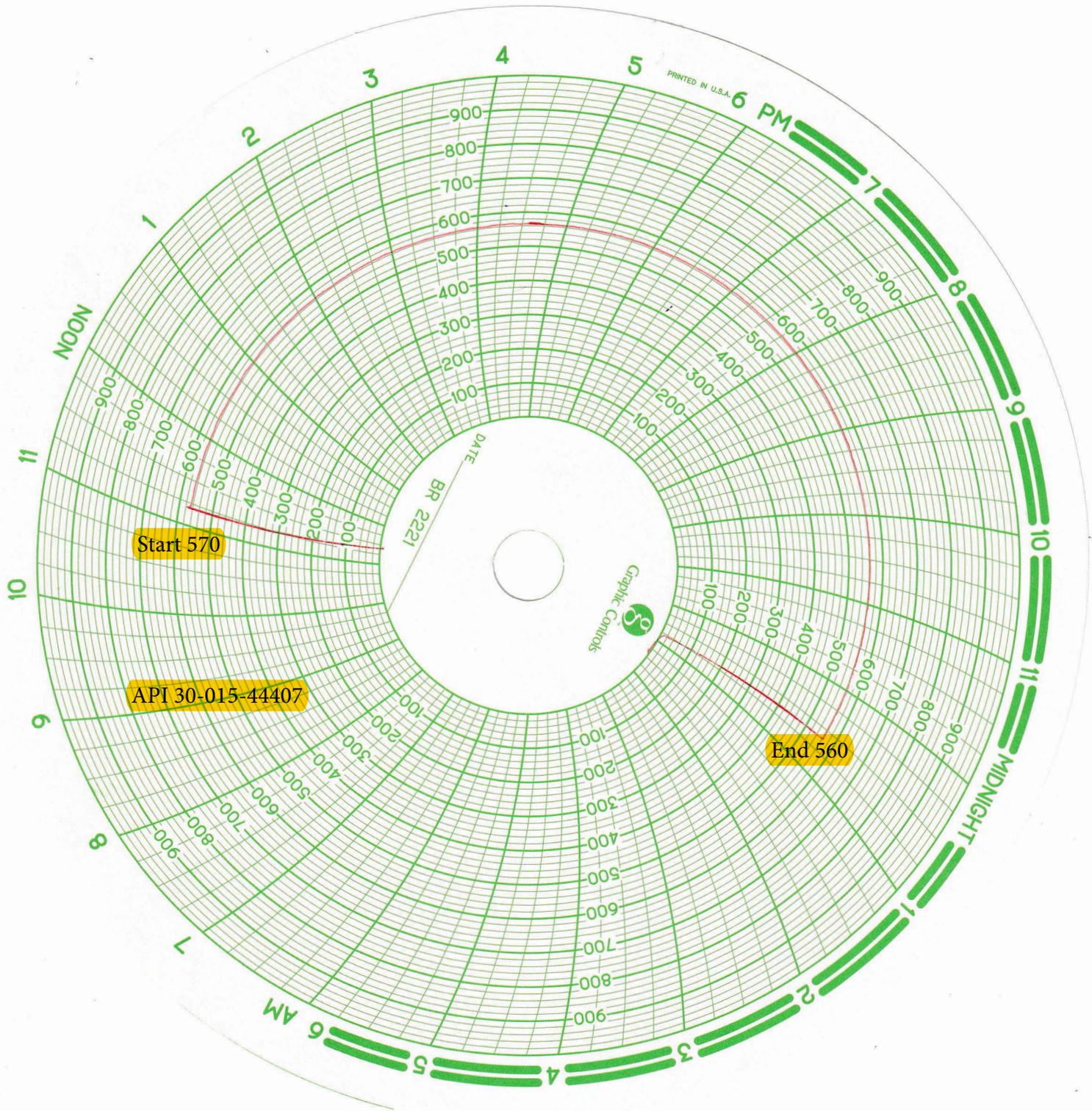
Rig Release Date: June 26, 2020

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

SIGNATURE  TITLE Regulatory Director DATE 10/30/2020

Type or print name Joseph Vargo E-mail address: joseph.vargo@nglep.com PHONE: 406-868-9799

**For State Use Only**  
 APPROVED BY:  TITLE Compliance officer DATE 11-13-2020  
 Conditions of Approval (if any):



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DATE  
BR 2221

Graphic Controls

Start 570

API 30-015-44407

End 560