

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

Revised July 18, 2013

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) 471-1111  
1220 S. St. Francis Dr., NM 87505

RECEIVED

FEB 25 2019

CONSERVATION DIVISION

1220 South St. Francis Dr.

Fe, NM 87505

\*\*AMENDED

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

**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  Other SWD

2. Name of Operator  
NGL Water Solutions Permian LLC

3. Address of Operator  
901 Tradewinds Blvd, Midland, TX 79706

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

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:

SUBSEQUENT REPORT OF:

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

\*\*

OTHER: MIT + 1st Inj

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.

MIT ran on 11/6/18. Witnessed by Gilbert Cordero. Chart Attached

2/5/19 First Injection

Spud Date:

9/16/18

Rig Release Date:

11/2/18

SWD-1711

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

SIGNATURE

*Sarah Jordan*

TITLE

Manager of Regulatory Compliance

DATE

2/25/2019

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

Conditions of Approval (if any):

NMOCOD

DATE