

Submit 1 Copy To Approving 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) 337-6161
1000 Rio Brazos Blvd., El Paso, NM 89410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

RECEIVED MIN 19 2019 OIL CONSERVATION DIVISION 100 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-015-44406
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> SWD		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator NGL Water Solutions Permian LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1509 W wall St, Suite 306, Midland, TX 79701		7. Lease Name or Unit Agreement Name Striker 1 SWD
4. Well Location Unit Letter B : 1016 feet from the North line and 1395 feet from the East line Section 1 Township 23S Range 28E NMPM County Eddy		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2995 GR		9. OGRID Number 372338
		10. Pool name or Wildcat SWD: Devonian; Silurian

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

NOTICE OF INTENTION TO: 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"/>	SUBSEQUENT REPORT OF: 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"/> First Injection <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.

6/4/19 - First Injection.

Spud Date:

Rig Release Date:

SND-1724

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

SIGNATURE

Sarah Jordan

Manager Regulatory Compliance

TITLE

DATE

6/5/19

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

MIN 19 2019

DATE

Conditions of Approval (if any):