| Submit within 45 da | ays of well comple | tion | State | State of New Mexico | | | Revised November 6, 2013 | | | | | | | | | | | | | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------|--------------------------------|----------------------------------------|---------------|-------------------------------------------------------------------|----------------|----------------------------------------------------------------|--------------|---------------------------------------|--------------------|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | | | State of New Mexico | | | | 1. WELL API NO. 30-015-41779 | | | | | | | | | | | | | | |
| | | En | Energy, Minerals and Natural Resources | | | | | | | | | | | | | | | | | | |
| Oil Conservation Division 1220 S. St Francis Dr. | | | | | | | Well Name: SRO STATE COM #048H 3. Well Number: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Santa Fe, NM 87505 | | | | | | 048H | | | |
| | | | | | | | | | | | HYDRAULIC FRACTURING FLUID DISCLOSURE | | | | | | | 4. Surface Hole Location: Unit: B Lot: B Section: 7 Township: 26S Range: 28E Feet from: 190 N/S Line: N Feet from: 2080 E/W Line: E | | | |
| ⊠ Original | | | | | | | 5. Bottom Hole Location: | | | | | | | | | | | | | | |
| - | | | | | | | Unit:O Lot: Section:18 Township:26S Range:28E | | | | | | | | | | | | | | |
| □ Amendment | | | | | | | Feet from:356 N/S Line:S | | | | | | | | | | | | | | |
| | | | | | | | Feet from: 1896 6. latitude: | E/ | W Line:E longitude: | | | | | | | | | | | | |
| | | | | | | | 32.0638015205022 - 104.124864173322 | | | | | | | | | | | | | | |
| | | | | | | | 7. County: | | | | | | | | | | | | | | |
| | | | | | | | Eddy | | | | | | | | | | | | | | |
| 8. Operator Name a | nd Addross: | | | | | 9. OGRID: | 229137 | 10. Phone Numb | | 132-685-4332 | | | | | | | | | | | |
| One Cor 600 W. I Midland | | Con Bufarrad | hu Dahari kushas | | | 12. Productio | | | | | | | | | | | | | | | |
| or Early 1 | | | | | | | on Type: | | | | | | | | | | | | | | |
| 13. Pool Code(s): 14. Gross | | | | | | | ractured Interval: | | | | | | | | | | | | | | |
| 30215 | | | | | | | 8,092 ft to 17,502 ft | | | | | | | | | | | | | | |
| 15. True Vertical Depth (TVD): 16. Tot 7.806 ft 16. | | | | | | | Volume of Fluid Pumped: 3,605 gals | | | | | | | | | | | | | | |
| | | | | | | 18. Percent c | 5,000 gais t of Re-Use Water in Fluid Pumped: Not Disclosed | | | | | | | | | | | | | | |
| | C FLUID CON | /POSITION / | AND CONCENTRA | TION: | 1 | | | | | | | | | | | | | | | | |
| Trade Name | Supp | | Purpose | Ingredients | (CAS #) Chemical Abstract Service # | | Maximum Ingredient Concentration in Additive (% by mass) | | Maximum Ingredient Concentration in HF Fluid (% by mass) | | | | | | | | | | | | |
| Parasorb 5000, b | ag Bak | er Hughes | Paraffin Inhibitor | Calcined Diatomaceous Earth | 91053-39-3 | 1053-39-3 | | 60% | | 20.8548235% | | | | | | | | | | | |
| | | | | Silica, Crystalline- Quartz | 14808-60-7 | | PS. | 1% | | 0.3475804% | | | | | | | | | | | |
| 0 11 1700 | | | 0 1 1 1 1 1 1 | White Mineral Oil | 8042-47-5 | | 30% | | | 10.4274118% | | | | | | | | | | | |
| Scaletrol 720, 330 | u gi tote Bak | er Hughes | Scale Inhibitor | Calcium Chloride | 10043-52-4 | | 5% | | | 2.922483% | | | | | | | | | | | |
| 20 Las Operator h | ereby certify that th | e information sho | wn on this disclosure form | Ethylene Glycol | 107-21-1 | ine and helic | | 30% | | 17.534898% | | | | | | | | | | | |
| Signature: | reby certify that the information shown on this disclosure form is true and complete to the best of my knowledge and belief. Signed Electronically Printed Name: Stormi Davis Title: Regulatory Analyst | | | | | | | | | | | | | | | | | | | | |
| SOLU- | | | . Illited Name. Otol | Fillited Name. Otolilii Davis | | | Title. Integulatory Arialyst | | | | | | | | | | | | | | |
| | 200 C C C C C C C C C C C C C C C C C C | | | | | | | | | | | | | | | | | | | | |
| Date: E-mail Address: | 6/26/2014 sdavis@conch | | | od in 29 CER 1910 1200 N | MOCD dans and an | | | | | | | | | | | | | | | | |

NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.