

Sante Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory https://www.emnrd.nm.gov/oed/contact-us	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 373883																												
		WELL API NUMBER 30-025-51904																												
		5. Indicate Type of Lease Private																												
		6. State Oil & Gas Lease No.																												
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.)		7. Lease Name or Unit Agreement Name COOMBES SWD																												
1. Type of Well: Salt Water Disposal	8. Well Number 001																													
2. Name of Operator Permian Oilfield Partners, LLC	9. OGRID Number 328259																													
3. Address of Operator PO Box 3329, Hobbs, NM 88241	10. Pool name or Wildcat																													
4. Well Location Unit Letter <u>I</u> : <u>1630</u> feet from the <u>S</u> line and feet <u>200</u> from the <u>E</u> line Section <u>22</u> Township <u>20S</u> Range <u>33E</u> NMPM County <u>Lea</u>																														
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3612 GR																														
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																														
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 OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____ SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <u>Perforations/Tubing</u> <input checked="" type="checkbox"/>																														
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 8/17/2024 TIH w test packer & set @15207'. Pump 40,000 gal 15% HCl. Kill well w 10# brine, release packer & TOH. TIH w 5.875" bit & BHA to 16150' TD. Circ hole clean. TOH, LDDP. 8/20/2024 Run WL and set 7.625 x 5.5 permanent packer @15228'. Run 7" 26# HCP-110 x 5.5" 17# HCL-80 IPC tubing string. Sting into packer & space out. Release from packer & circ 440 bbl diesel packer fluid + additives. Sting into packer & set tubing w 80 klbs compression. 8/21/2024 Install wellhead tree & perform MIT. Perforations Pool: SWD; DEVONIAN-SILURIAN , 97869 Location: I -22-20S-33E 1630 S 200 E <table border="1"><thead><tr><th>TOP</th><th>BOT</th><th>Open Hole</th><th>Shots/ft</th><th>Shot Size</th><th>Material</th><th>Stimulation</th><th>Amount</th></tr></thead><tbody><tr><td>15278</td><td>16150</td><td>Y</td><td>0</td><td>0</td><td></td><td>Acid</td><td>40000</td></tr></tbody></table> Tubing SWD;DEVONIAN-SILURIAN , 97869 <table border="1"><thead><tr><th>Tubing Size</th><th>Type</th><th>Depth Set</th><th>Packer Set</th></tr></thead><tbody><tr><td>5.5</td><td>HCL80</td><td>15228</td><td>15228</td></tr><tr><td>7</td><td>HCL110</td><td>10936</td><td>10936</td></tr></tbody></table>			TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount	15278	16150	Y	0	0		Acid	40000	Tubing Size	Type	Depth Set	Packer Set	5.5	HCL80	15228	15228	7	HCL110	10936	10936
TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount																							
15278	16150	Y	0	0		Acid	40000																							
Tubing Size	Type	Depth Set	Packer Set																											
5.5	HCL80	15228	15228																											
7	HCL110	10936	10936																											
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .																														
SIGNATURE	<u>Electronically Signed</u>	TITLE	<u>President</u>	DATE	<u>9/20/2024</u>																									
Type or print name	<u>Gary E Fisher</u>	E-mail address	<u>gfisher@popmidstream.com</u>	Telephone No.	<u>720-315-8035</u>																									
For State Use Only:																														
APPROVED BY:	<u>Patricia L Martinez</u>	TITLE	_____	DATE	<u>2/6/2025 4:03:28 PM</u>																									