

DATE IN 12/23/2016	SUSPENSE	ENGINEER ARG	LOGGED IN 12/23/2016	TYPE SWD	APP NO. Perm/163583441
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ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]

[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]

[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]

[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]

[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]

[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive]

Solaris Midstream LLC

(OGRID 371643)

Lobo 285 State SWD 1

(30-015-43979)

SWD; Silurian-Ordovician
(98191)

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication

☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☒ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply

[A] ☒ Working, Royalty or Overriding Royalty Interest Owners

[B] ☒ Offset Operators, Leaseholders or Surface Owner

[C] ☒ Application is One Which Requires Published Legal Notice

[D] ☒ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Brian Wood

Print or Type Name

Signature

Consultant

Title

brian@permitswest.com

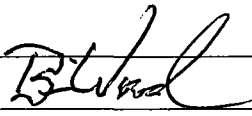
e-mail Address

12-21-16

Date

RECEIVED
2016 DEC 23 AM 9:11

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance XXX Disposal Storage
Application qualifies for administrative approval? Yes No
- II. OPERATOR: SOLARIS MIDSTREAM, LLC
ADDRESS: 8901 GAYLORD, SUITE 210, HOUSTON TX 77024
CONTACT PARTY: BRIAN WOOD (PERMITS WEST, INC.) PHONE: 505 466-8120
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes XXX No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
- Lobo 285 State SWD 1**
30-015-43979
SWD; Silurian
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: BRIAN WOOD  TITLE: CONSULTANT
SIGNATURE: _____ DATE: DEC. 19, 2016
E-MAIL ADDRESS: brian@permitswest.com
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

OPERATOR: SOLARIS MIDSTREAM, LLC

WELL NAME & NUMBER: LOBO STATE SWD 1

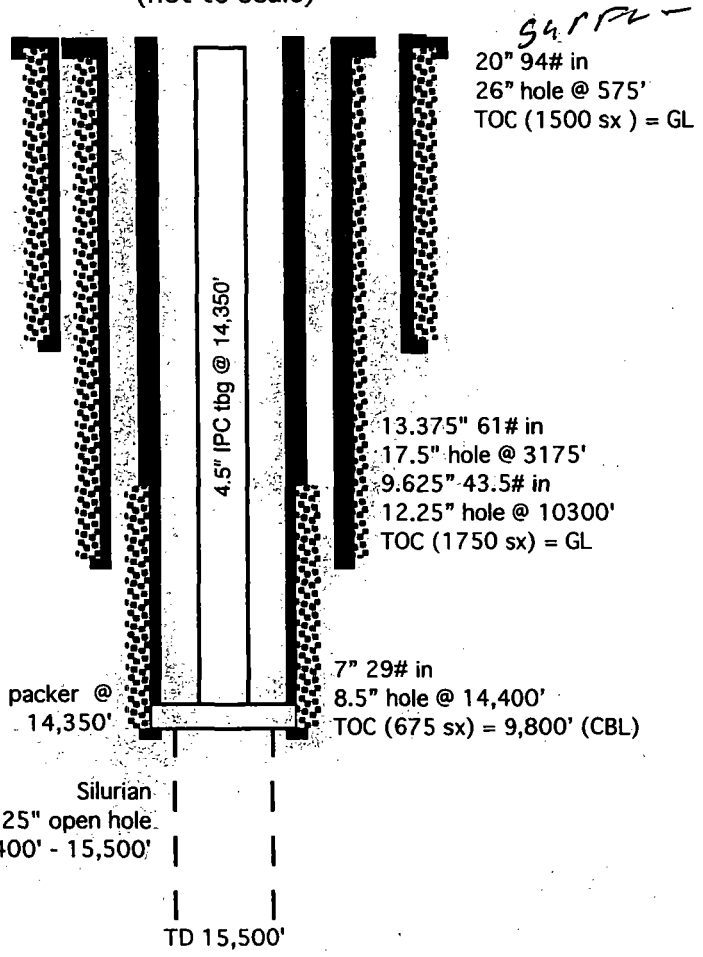
WELL LOCATION: 330 ENL & 1320 FEL B 22 25 S 28 E
FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGE

WELLBORE SCHEMATIC

WELL CONSTRUCTION DATA

Surface Casing

(not to scale)



Hole Size: 26" Casing Size: 20"

Cemented with: 1500 sx. or ft³

Top of Cement: SURFACE Method Determined: CIRCULATE

Intermediate Casing

Hole Size: 17.5" / 12.25" Casing Size: 13.375" @ 3175' / 9.625" @ 10,300'

Cemented with: 1750 sx. or ft³

Top of Cement: SURFACE Method Determined: CIRCULATE

Production Casing

Hole Size: 8.5" Casing Size: 7"

Cemented with: 675 sx. or ft³

Top of Cement: 9,800' Method Determined: CBL

Total Depth: CSG @ 14400' & TD @ 15500'

Injection Interval

6.125" HOLE SIZE 14,400 feet to 15,500'

(Perforated or Open Hole; indicate which)

INJECTION WELL DATA SHEET

Tubing Size: 4.5" Lining Material: DUOLINE GLASSBORE
Type of Packer: NICKEL PLATED DOUBLE GRIP RETRIEVABLE
Packer Setting Depth: ≈14,350'
Other Type of Tubing/Casing Seal (if applicable): _____

Additional Data

1. Is this a new well drilled for injection? XXX Yes No
If no, for what purpose was the well originally drilled? _____

2. Name of the Injection Formation: SILURIAN
3. Name of Field or Pool (if applicable): SWD; SILURIAN-ORDOVICIAN (98191)
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. NOT IN OTHER ZONES

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: _____
OVER: BONE SPRING 6240' & WOLFCAMP 9500'

UNDER: NONE

SOLARIS MIDSTREAM, LLC
 LOBO 285 STATE SWD 1
 330' FNL & 1320' FEL
 SEC. 22, T. 25 S., R. 28 E.
 EDDY COUNTY, NM

30-015-43979

I. Plan is to drill a 15,500' deep commercial saltwater disposal well. Proposed disposal interval will be 14,400' - 15,500' in the Silurian portion of the SWD; Silurian-Ordovician (98191) pool. See Exhibit A for map and Form C-102.

II. Operator: Solaris Midstream, LLC (OGRID # = 371643)
 Operator phone number: (281) 501-3079
 Operator address: 8901 Gaylord, Suite 210, Houston TX 77024
 Contact for Application: Brian Wood (Permits West, Inc.)
 Phone: (505) 466-8120

III. A. (1) Lease: New Mexico State Land Office lease VA-3054-0000
 Lease Size: 320.00 acres (see Exhibit A for map and C-102)
 Closest Lease Line: 330'
 Lease Area: E2 Section 22, T. 25 S., R. 28 E.

A. (2) Surface casing (20", 94#) will be set at 575' in a 26" hole and cemented to GL with 1500 sacks (1875 cubic feet).

First intermediate casing (13.375", 61#) will be set at 3175' in a 17.5" hole and cemented to GL with 1750 sacks (4325 cubic feet).

Second intermediate casing (9.625", 43.5#) will be set at 10,300' in a 12.25" hole and cemented to 2600' with 1750 sacks (3550 cubic feet).

Liner (7", 29#) will be set from 9800' to 14,400' in an 8.5" hole and cemented to 9800' with 675 sacks (1055 cubic feet).

A 6.125" open hole will be drilled to 15,500' (TD).

SOLARIS MIDSTREAM, LLC
 LOBO 285 STATE SWD 1
 330' FNL & 1320' FEL
 SEC. 22, T. 25 S., R. 28 E.
 EDDY COUNTY, NM

30-015-43979

A. (3) Tubing (CLS 4.5" duoline 20 GlassBore® or its equivalent) will be set at $\approx 14,350'$. (Disposal interval will be 14,400' to 15,500'.)

A. (4) A nickel plated double grip retrievable packer will be set at $\approx 14,350'$ (or $\leq 100'$ above the top of the open hole which will be at 14,400').

B. (1) Disposal zone will be the Silurian (SWD; Silurian-Ordovician (98191) pool). Estimated fracture gradient is ≈ 0.65 psi per foot.

B. (2) Disposal interval will be open hole from 14,400' to 15,500'.

B. (3) Well has not been drilled. It will be drilled as a saltwater disposal well.

B. (4) No perforated intervals are in the well.

B. (5) Three existing wells are in the area of review. None penetrated the Silurian (14,400'). Zones above the Silurian that have produced in the area of review are the Bone Spring (6240') and Wolfcamp (9,500'). No oil or gas zones are below the Silurian in the area of review.

IV. This is not an expansion of an existing injection project. It is disposal only.

V. Exhibit B shows the 3 existing wells (1 gas + 1 oil + 1 P&A) within a half-mile radius. Exhibit C shows all 49 existing wells (32 oil or gas wells + 10 P & A wells + 6 disposal wells + 1 windmill) within a two-mile radius. The 2 water wells shown in the State Engineer's database could not be found.

Exhibits D and E shows all leases and lessors (BLM, fee, and State) within a half-mile radius and two-mile radius. Details on leases within a half-mile follow.

SOLARIS MIDSTREAM, LLC
 LOBO 285 STATE SWD 1
 330' FNL & 1320' FEL
 SEC. 22, T. 25 S., R. 28 E.
 EDDY COUNTY, NM

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Aliquot Parts in Area of Review (T25S, R28E)	Lessor	Lease	Lessee(s) of Record	Well Operator (not Silurian)
W2SW4 Sec. 14	BLM	NMNM-112920	JTD Resources	Cimarex
SESE Sec. 15	NMSLO	V0-6854-0002	Devon	Mewbourne
N2SE4 & SWSE Sec. 15	fee	San Lorenzo	Devon & Mewbourne	Mewbourne
E2SW4 Sec. 15	NMSLO	V0-6854-0002	Devon	Mewbourne
E2NW4 Sec. 22	BLM	NMNM-121942	EOG A, M, & Y Resources and Oxy	EOG Y
NE4 & N2SE4 Sec. 22	NMSLO	VA-3054-0000	Yates	EOG Y
W2NW4 Sec. 23	BLM	NMNM-013413	Chevron	none

VI. No well within ½ mile penetrated the Silurian (top = 15,500'). Wells within ½ mile, regardless of depth, are:

API	Who	Well	Status	Unit-Section-T25S-R28E	TVD	Zone	Feet From Lobo 285 State SWD 1
3001540403	Mewbourne	San Lorenzo 15 OB Fee 1H	G	O-15	10629	Wolfcamp	626
3001540864	Mewbourne	San Lorenzo 15 PA-State Com 1	O	P-15	8285	Bone Spring	904
3001502516	Snyder	Pecos Irrigation 1	P&A	I-15	3300	Bell Canyon	2402

- VII.
1. Average injection rate will be ≈25,000 bwpd.
Maximum injection rate will be ≈30,000 bwpd.
 2. System will be open. Water will be trucked.
 3. Average injection pressure will be ≈3,000 psi

SOLARIS MIDSTREAM, LLC
LOBO 285 STATE SWD 1
330' FNL & 1320' FEL
SEC. 22, T. 25 S., R. 28 E.
EDDY COUNTY, NM

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Maximum injection pressure will be 2,880 psi ($= 0.2 \text{ psi/foot} \times 14,400'$ (top of open hole)).

4. Main source of disposal water will be water produced from Bone Spring and Wolfcamp wells. All but 2 of the producing wells in Section 22 and the adjacent 8 sections are Bone Spring or Wolfcamp wells. The other 2 wells produce from the Upper Penn, Strawn, and Morrow. However, water produced from other Permian Basin zones could also be disposed. Water analyses from Go-Tech samples in T. 25 S., R. 28 E. are in Exhibit F. TDS range from 102,849 to 301,207 (vs. 63,260 in a Devonian sample, also in Exhibit F). No compatibility problems have been reported from the closest (1.88 miles WNW) active Devonian disposal well (30-015-41806). The 4,523,186 barrels that have been disposed from June, 2014 to date include Delaware, Bone Spring, and Wolfcamp water.
5. Devonian was tested in a 14,410' deep well (30-015-10724) that is 1.90 miles southwest and found dry. No Silurian producer is within a ≥ 7 mile radius. An analysis of Devonian water is in Exhibit F.

VIII. The Silurian ($\approx 1,100'$ thick) disposal zone is mainly composed of highly permeable carbonates (limestone and dolomite). Broadhead and Speer (Oil and Gas in the New Mexico Part of the Permian Basin in 1993 NMGS Guidebook) said, "Porosity development is primarily secondary in origin, commonly being vugular or fractured in nature." Closest possible underground source of drinking water above the proposed disposal interval is the Rustler at the surface. No underground source of drinking water is below the proposed disposal interval. According to State Engineer records (Exhibit G), closest water wells (maximum depth = 150') are 2,863' southwest (C 01522) and 7,317' southeast (C 01453). Neither could be found during a September 1, 2016 inspection.

However, a windmill $\approx 3,600'$ NNW was found during the inspection and sampled. The windmill is not in the State Engineer's records. Probable water source for the windmill is the Rustler. See Exhibit H for windmill photograph and analyses.

SOLARIS MIDSTREAM, LLC
LOBO 285 STATE SWD 1
330' FNL & 1320' FEL
SEC. 22, T. 25 S., R. 28 E.
EDDY COUNTY, NM

30-015-43979

Estimated formation tops are:

Rustler = 0'
Lamar = 3,440'
Brushy Canyon = 4,695'
Bone Spring = 6,240'
Wolfcamp = 9,500'
Strawn = 11,900'
Morrow = 12,700'
Mississippian Ls = 13,975'
Woodford = 14,175'
Silurian = 14,400'
disposal interval = 14,400' - 15,500'
Montoya = 15,500'
TD = 15,550'
Ellenburger = 16,100'

One water well is within a 1-mile radius (Exhibit G) and sampled (Exhibit H). There will be >2 miles of vertical separation between the bottom of the only likely underground water source (Rustler) and the top of the Silurian. Over 20,724,374 barrels of water have been disposed above the Silurian in 4 wells (Delaware and Bone Spring) in adjacent Sections 15, 16, 21, and 27.

IX. The well will be stimulated with acid.

X. DLL, GR/N density, and CBL logs will be run.

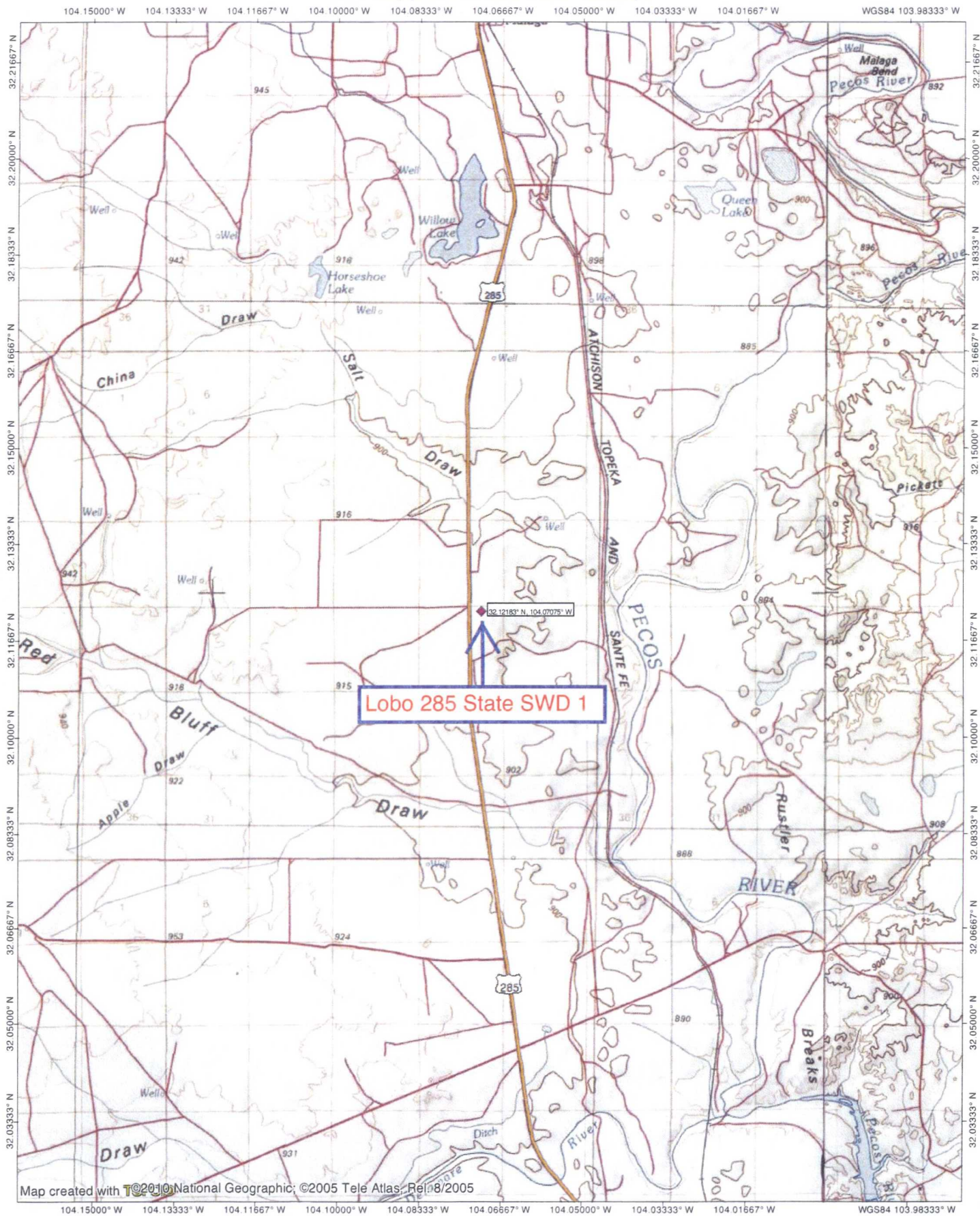
XI. Based on a September 1, 2016 field inspection, one active water well is within a one-mile radius (Exhibit G) and it was sampled (Exhibit H).

SOLARIS MIDSTREAM, LLC
LOBO 285 STATE SWD 1
330' FNL & 1320' FEL
SEC. 22, T. 25 S., R. 28 E.
EDDY COUNTY, NM

30-015-43979

XII. Closest Quaternary fault is \approx 50 miles southwest (Exhibit I). Based on a review (Exhibit J) by geologist David Entzminger, Solaris Midstream LLC is not aware of any geologic or engineering data that may indicate the Silurian is in hydrologic connection with any underground sources of water. Hundreds of feet of evaporites prevent that from occurring. Deepest water well within a 2-mile radius is 150' (Exhibit G). There are 2 active and 7 approved Silurian saltwater disposal wells in New Mexico.

XIII. A legal ad (see Exhibit K) was published on November 4, 2016. Notice (this application) has been sent (Exhibit L) to the surface owner (NM State Land Office), government lessors (BLM & NMSLO), lessees of record (Chevron, Devon, JTD, Mewbourne, Oxy, Yates, and EOG A, M, & Y Resources), operating rights holders (Bigbie, Centennial, CL&F, Eau Rouge, Encana, Fasken, Hat Mesa, Leonard (Timothy), Magnum Hunter, Nearburg, Oxy USA WTP LP, Oxy Y-1, Read & Stevens, Scott Exploration, The Leonard Trust, Westway, and Worrall), and well operators (Cimarex, EOG Y Resources, Mewbourne) within a half-mile.



Map created with T©2010 National Geographic; ©2005 Tele Atlas; Reprint 8/2005

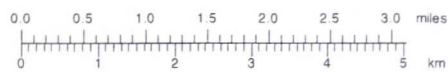
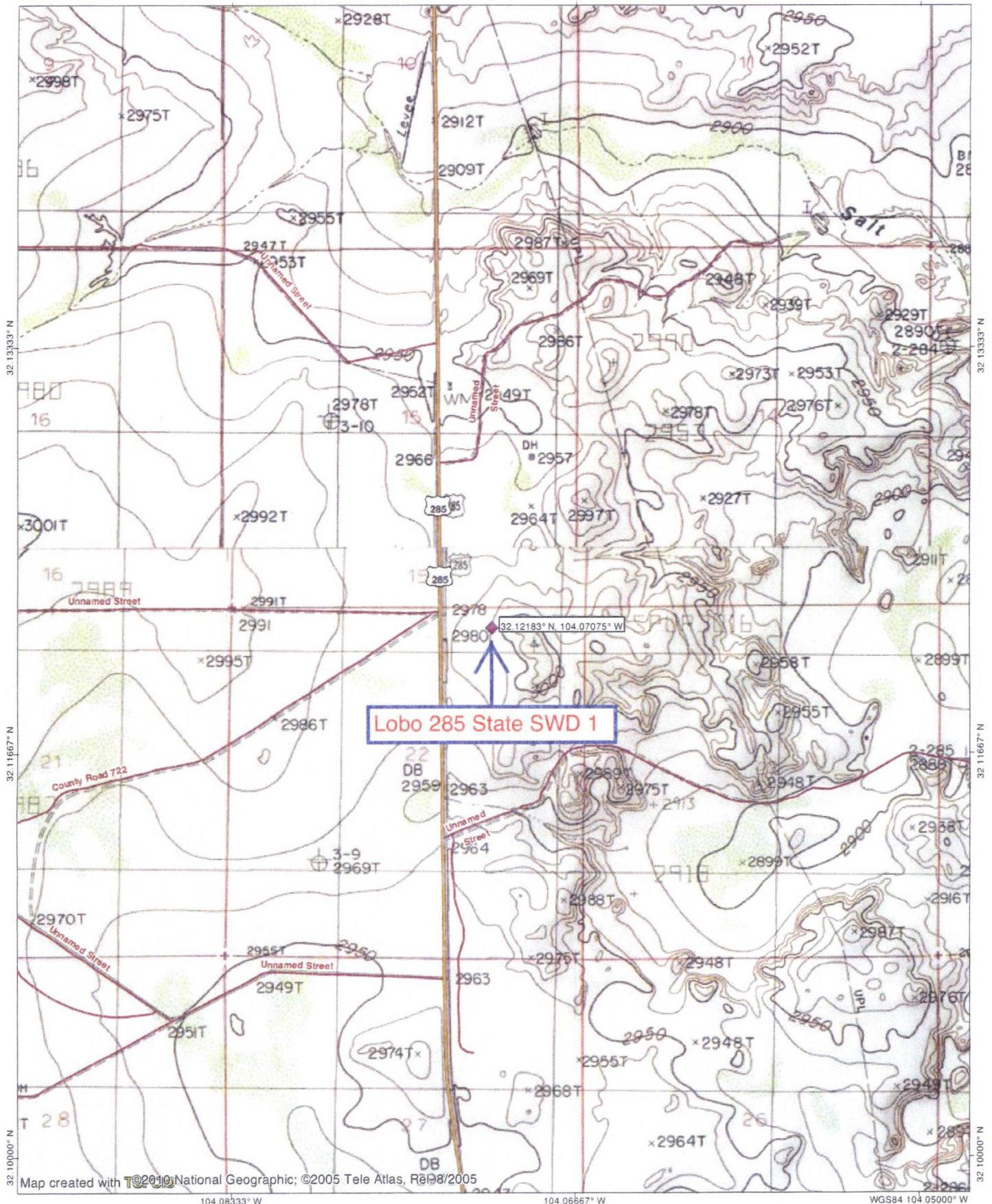


EXHIBIT A

TN+MN

7°

10/21/16



Map created with ©2010 National Geographic; ©2005 Tele Atlas, Reprinted 2005



EXHIBIT A

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources
Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

FORM C-102

Revised August 1, 2011

Submit one copy to appropriate

District Office

☒ AMENDED REPORT
(well moved 10' east
from 1320 FEL)

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-43979		² Pool Code 98191	³ Pool Name SWD; Silurian-Ordovician
⁴ Property Code 317150	⁵ Property Name Solaris Water Midstream, LLC		⁶ Well Number #1
⁷ OGRID No. 371643	⁸ Operator Name SOLARIS MIDSTREAM		⁹ Elevation 2994'

¹⁰Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	22	25-S	28-E	-	330'	NORTH	1310'	EAST	EDDY

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
-	-	-	-	-	-	-	-	-	-

¹¹ Dedicated Acres	¹² Joint or Infill	¹³ Consolidation Code	¹⁴ Order No.

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<p>¹⁶</p> <p>SURFACE LOCATION NEW MEXICO EAST NAD 1927 X=581453 Y=408099 LAT.: N 32.1217072 LONG.: W 104.0702286 NAD 1983 X=622637 Y=408157 LAT.: N 32.1218301 LONG.: W 104.0707176</p>	<p>330'</p> <p>1310'</p>		<p>¹⁷OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the Division.</p> <p><i>Brian Wood</i> 1-17-17 Signature Date Brian Wood Printed Name brian@permitswest.com E-mail Address (505) 466-8120</p>
			<p>¹⁸SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true to the best of my belief.</p> <p>01/FEB/2017 Date of Survey MICHAEL BROWN Signature and Seal of Professional Surveyor NEW MEXICO 18329 PROFESSIONAL SURVEYOR Certificate Number</p>

District I

1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

District II

811 S. First St., Artesia, NM 88210
 Phone: (575) 748-1283 Fax: (575) 748-9720

District III

1000 Rio Brazos Road, Aztec, NM 87410
 Phone: (505) 334-6178 Fax: (505) 334-6170

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505
 Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico**Energy Minerals and Natural Resources****Oil Conservation Division**

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-101
 Revised July 18, 2013

☒ **AMENDED REPORT**
 (well moved 10' east)

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Operator Name and Address Solaris Water Midstream LLC 8901 Gaylord, Suite 210 Houston TX 77024 (281) 501-3079		OGRID Number 371643
Property Code 317150		API Number 30-015-43979
Property Name Lobo 285 State SWD		Well No. 1

1. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
A	22	25S	28E		330'	N	1310	E	Eddy

2. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

3. Pool Information

Pool Name	Pool Code
SWD; Silurian-Ordovician	98191

Additional Well Information

¹¹ Work Type N	¹² Well Type SWD	¹³ Cable/Rotary rotary	¹⁴ Lease Type S	¹⁵ Ground Level Elevation 2994'
¹⁶ Multiple N	¹⁷ Proposed Depth 15500'	¹⁸ Formation Silurian-Ordovician	¹⁹ Contractor	²⁰ Spud Date 2/1/2017
Depth to Ground water 40' in C 01453		Distance from nearest fresh water well 2,876' SW to C 01522		Distance to nearest surface water 2200' south to karst depression

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surface	26"	20"	94	575'	1500	GL
Intermed. 1	17.5"	13.375"	61	3175'	1750	GL
Intermed. 2	12.25"	9.625"	43.5	10300'	1750	GL
Inter. 3 liner	8.5"	7"	29	9800'-14400'	675	9800'
Open hole	6.125"	N/A	N/A	15500'	N/A	N/A

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
double ram	5000	5000	To be determined

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

I further certify that I have complied with 19.15.14.9 (A) NMAC ☐ and/or 19.15.14.9 (B) NMAC ☐ if applicable.

Signature:

Brian Wood

Printed name: Brian Wood

Title: Consultant

E-mail Address: brian@permitswest.com

Date: 1-17-17

Phone: 505 466-8120

OIL CONSERVATION DIVISION

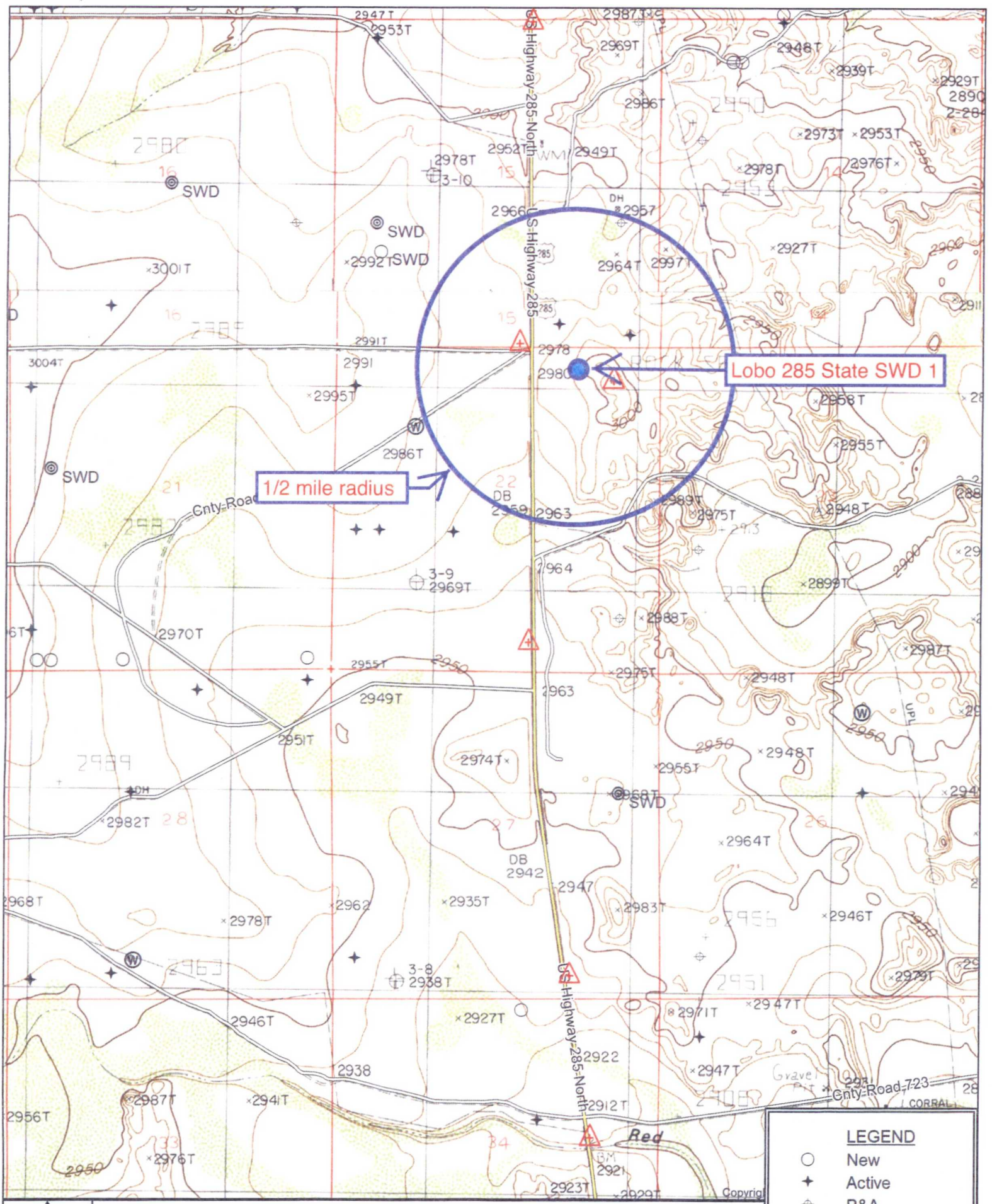
Approved By:

Title:

Approved Date:

Expiration Date:

Conditions of Approval Attached



Lobo 285 State SWD 1

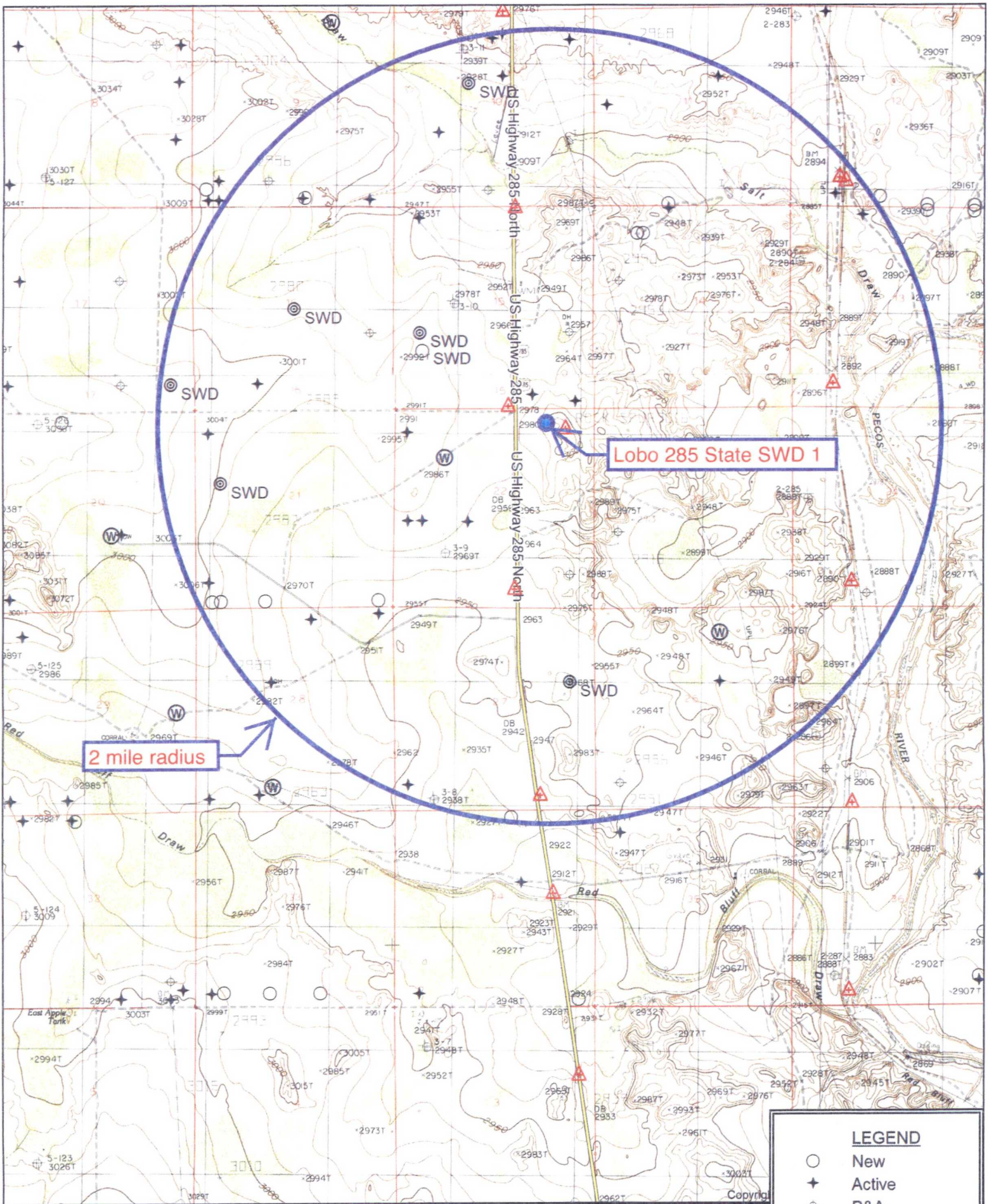
1/2 mile radius

Quad: RED BLUFF
Scale: 1 inch = 2,000 ft.

EXHIBIT B

LEGEND

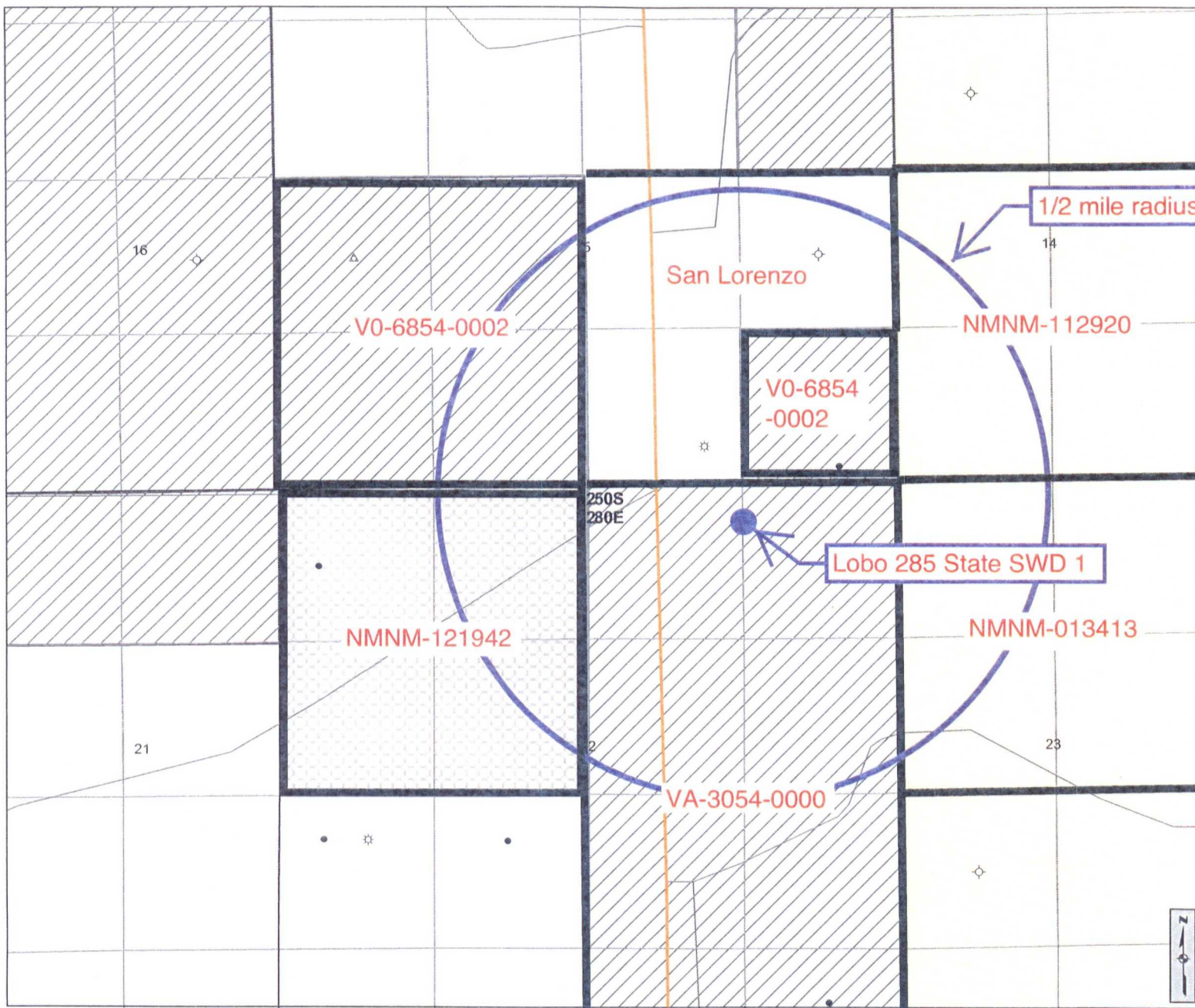
- New
- ✦ Active
- ⊕ P&A
- ⊙ INJ
- ⊙ SWD
- ⊙ Water



Quad: RED BLUFF
Scale: 1 inch = 3,278 ft.

EXHIBIT C

- LEGEND**
- New
 - ✦ Active
 - ⊕ P&A
 - ⊙ INJ
 - ⊙ SWD
 - ⊙ W Water



Cartographic Features

- County Boundaries
- County Seats
- City, Town or Village
- SLO District Offices
- SLO District Boundary
- Hwy Mileposts
- Interstate
- NM Hwy
- Continental Divide
- US Hwy
- Local Road

Federal Minerals Ownership

- All Minerals
- Coal Only
- Oil and Gas Only
- Oil, Gas and Coal Only
- Other Minerals

State Trust Lands

- Surface Estate
- Subsurface Estate
- Surface and Subsurface Estate

State Leases

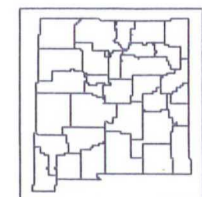
- Oil and Gas Leases
- Agricultural Leases
- Commercial Leases
- Minerals Leases
- Not Available for Oil and Gas Leasing
- Oil and Gas Leasing Influenced by Restriction

Oil and Gas Related Features

- Oil and Gas Unit Boundary
- Participating Areas in Units
- Geologic Regions
- Volcanic Vents
- NMOC'D Order R-111-P
- Potash Enclave Outline

NMOC'D Oil and Gas Wells

- CO₂
- Injection
- Oil
- Water
- Gas
- Miscellaneous
- Salt Water Disposal
- DA or PA



www.nmstatelands.org

New Mexico State Land Office

Oil, Gas and Minerals

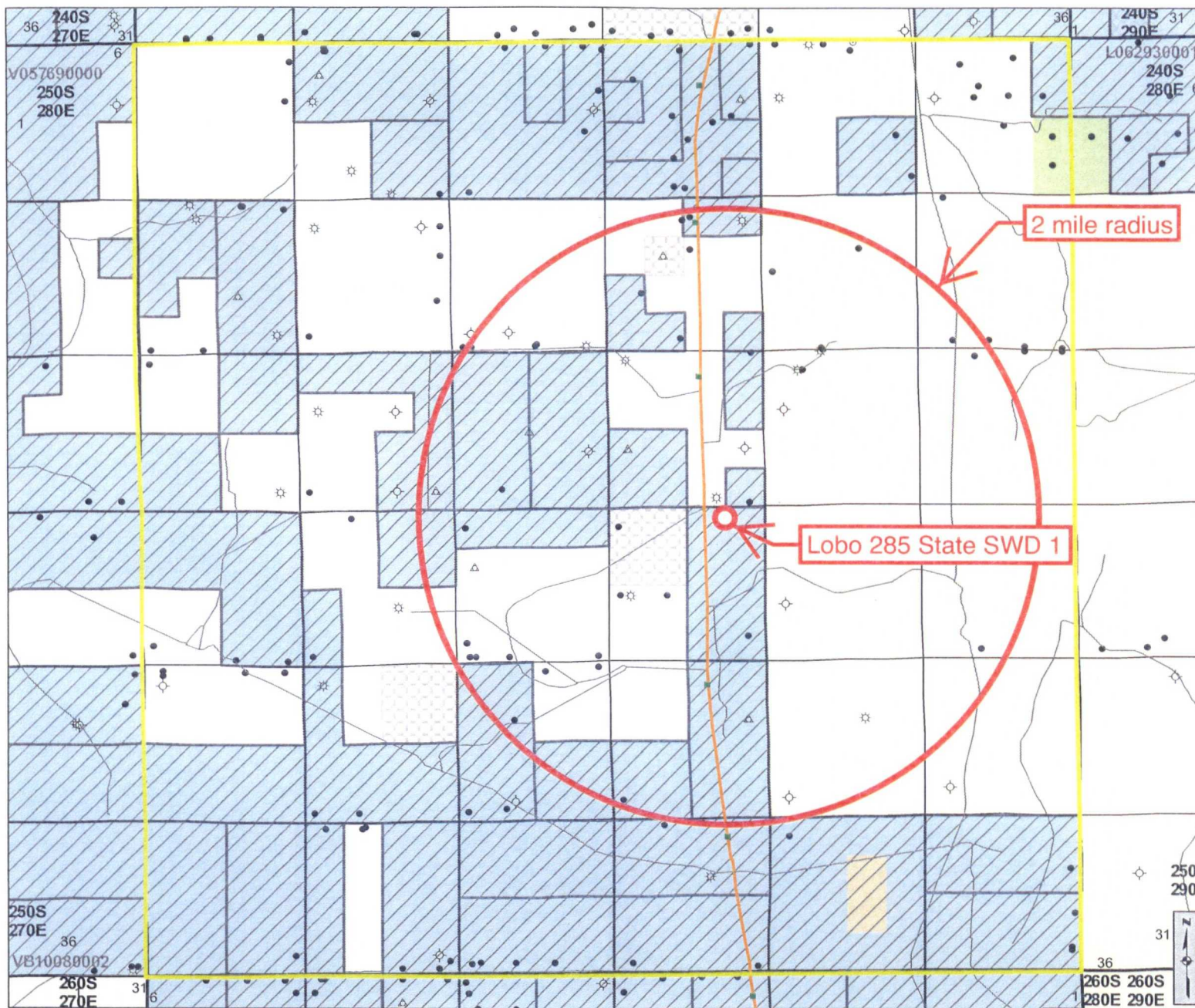
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 Universal Transverse Mercator Projection, Zone 13
 1983 North American Datum

The New Mexico State Land Office assumes no responsibility or liability for, or in connection with, the accuracy, reliability or use of the information provided here, in State Land Office data layers or any other data layer.

Land Office Geographic Information Center
logic@slo.state.nm.us

Created On: 12/10/2016 9:38:11 AM

EXHIBIT D



Cartographic Features

- County Boundaries
- County Seats
- City, Town or Village
- SLO District Offices
- SLO District Boundary
- Hwy Mileposts
- Interstate
- NM Hwy
- Continental Divide
- US Hwy
- Local Road

Federal Minerals Ownership

- All Minerals
- Coal Only
- Oil and Gas Only
- Oil, Gas and Coal Only
- Other Minerals

State Trust Lands

- Surface Estate
- Subsurface Estate
- Surface and Subsurface Estate

State Leases

- Oil and Gas Leases
- Agricultural Leases
- Commercial Leases
- Minerals Leases
- Not Available for Oil and Gas Leasing
- Oil and Gas Leasing Influenced by Restriction

Oil and Gas Related Features

- Oil and Gas Unit Boundary
- Participating Areas in Units
- Geologic Regions
- Volcanic Vents
- NMOC Order R-111-P
- Potash Enclave Outline

NMOC Oil and Gas Wells

- CO₂
- Injection
- Oil
- Water
- Gas
- Miscellaneous
- Salt Water Disposal
- DA or PA

New Mexico State Land Office

Oil, Gas and Minerals

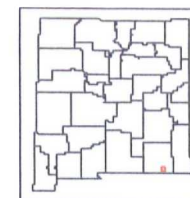
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 Universal Transverse Mercator Projection, Zone 13
 1983 North American Datum

The New Mexico State Land Office assumes no responsibility or liability for, or in connection with, the accuracy, reliability or use of the information provided here, in State Land Office data layers or any other data layer.

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 logic@slo.state.nm.us

Created On: 8/5/2016 4:54:07 PM

EXHIBIT E



www.nmstatelands.org

WELL	API	SECTION, T25S, R28E	FORMATION	ph	TDS mgL	Na mgL	Ca mgL	Fe mgL	Mg mgL	chloride mgL	H2CO3 mgL	sulfate mgL	H2S mgL
Hopi Fed'l 1	3001529367	1	Delaware	6.2	301207	109024	25349	35	2750	221998	74	85	15.561
Hopi Fed'l 2	3001530754	1	Delaware	5.9	289700	104602	23784	45	2915	212544	50	508	19.088
Odie 4 State 1H	3001541311	4	Bone Spring 2 sand	6.2	190675	57102	10650	45	1414	119078	93	17	
Signal State 2	3001502520	28	Morrow		102849								
Nermal 4 State 1H	3001541239	4	Bone Spring 2 sand	7.4	208312	67903	12598	31	1592	123723	61	2	
Pooky 4 State 1H	3001541241	4	Bone Spring 2 sand	7.0	204577	63037	12092	28	1511	125493	49	0	
Hopi Fed'l 2	3001530754	1	Delaware	6.3	170840	61640	5281	94	4275	116903	111	1668	

NM WAIDS

DATA

MAPS

HOME

SCALE

CORROSION

General Information About: Sample 5199

SQUARE LAKE DEEP UNIT 001

API	3001503979	Sample Number	
Unit/Section/ Township/Range	J / 33 / 16 S / 30 E	Field	
County	Eddy	Formation	DEV
State	NM	Depth	
Lat/Long	32.87982 / -103.97885	Sample Source	DST
TDS (mg/L)	63260	Water Type	
Sample Date(MM/DD/YYYY)		Analysis Date(MM/DD/YYYY)	
Remarks/Description			
Cation Information (mg/L)		Anion Information (mg/L)	
Potassium (K)		Sulfate (SO)	3600
Sodium (Na)		Chloride (Cl)	34400
Calcium (Ca)		Carbonate (CO ₃)	
Magnesium (Mg)		Bicarbonate (HCO ₃)	1260
Barium (Ba)		Hydroxide (OH)	
Manganese (Mn)		Hydrogen Sulfide (H ₂ S)	
Strontium (Sr)		Carbon Dioxide (CO ₂)	
Iron (Fe)		Oxygen (O)	



EXHIBIT F

586000m E. 587000m E. 588000m E. WGS84 Zone 13S 589000m E





New Mexico Office of the State Engineer Water Column/Average Depth to Water

(A CLW#### in the
POD suffix indicates the
POD has been replaced
& no longer serves a
water right file.)

(R=POD has
been replaced,
O=orphaned,
C=the file is
closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters)

(In feet)

POD Number	POD Sub-Code	basin	County	Q 64	Q 16	Q 4	Sec	Tws	Rng	X	Y	Distance	Depth Well	Depth Water	Water Column
C 01522	C	ED		1	22	25S		28E		586843	3554004*	873	150		
C 01453	C	ED		1	2	26	25S	28E		589096	3552612*	2231	70	40	30

1610 meters

= 5,280'

Average Depth to Water: 40 feet

Minimum Depth: 40 feet

Maximum Depth: 40 feet

Record Count: 2

UTM NAD83 Radius Search (in meters):

Easting (X): 587658

Northing (Y): 3554318

Radius: 3220

EXHIBIT G

*UTM location was derived from PLSS - see Help

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

12/8/16 1:08 PM

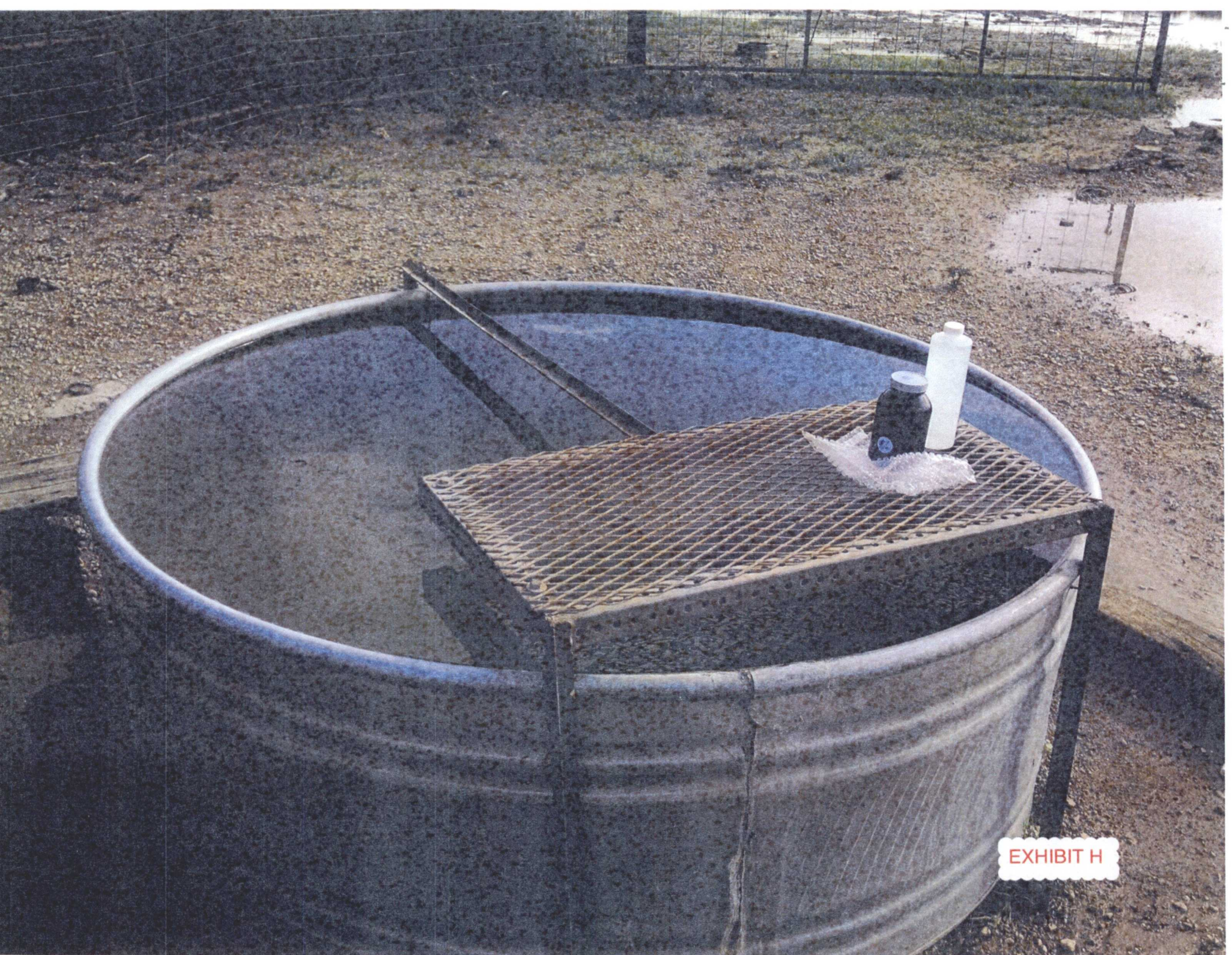


EXHIBIT H

Analytical Report

Lab Order 1609364

Date Reported: 9/20/2016

Hall Environmental Analysis Laboratory, Inc.**CLIENT:** Permits West**Client Sample ID:** US 285 SWD #1**Project:** Solaris US 285 SWD**Collection Date:** 9/1/2016 1:35:00 PM**Lab ID:** 1609364-001**Matrix:** AQUEOUS**Received Date:** 9/7/2016 1:55:00 PM

Analyses	Result	PQL	Qual	Units	DF	Date Analyzed	Batch
EPA METHOD 1664A							Analyst: tnc
N-Hexane Extractable Material	ND	10		mg/L	1	9/12/2016 10:45:00 AM	27440
EPA METHOD 300.0: ANIONS							Analyst: LGT
Chloride	350	10	*	mg/L	20	9/9/2016 4:38:51 AM	A37081
SM2540C MOD: TOTAL DISSOLVED SOLIDS							Analyst: SRM
Total Dissolved Solids	2620	20.0	*	mg/L	1	9/9/2016 5:12:00 PM	27408

EXHIBIT H

Refer to the QC Summary report and sample login checklist for flagged QC data and preservation information.

Qualifiers:	*	Value exceeds Maximum Contaminant Level.	B	Analyte detected in the associated Method Blank
	D	Sample Diluted Due to Matrix	E	Value above quantitation range
	H	Holding times for preparation or analysis exceeded	J	Analyte detected below quantitation limits
	ND	Not Detected at the Reporting Limit	P	Sample pH Not In Range
	R	RPD outside accepted recovery limits	RL	Reporting Detection Limit
	S	% Recovery outside of range due to dilution or matrix	W	Sample container temperature is out of limit as specified

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1609364

20-Sep-16

Client: Permits West
Project: Solaris US 285 SWD

Sample ID	MB-27440	SampType:	MBLK	TestCode:	EPA Method 1664A					
Client ID:	PBW	Batch ID:	27440	RunNo:	37150					
Prep Date:	9/12/2016	Analysis Date:	9/12/2016	SeqNo:	1152240	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	ND	10								

Sample ID	LCS-27440	SampType:	LCS	TestCode:	EPA Method 1664A					
Client ID:	LCSW	Batch ID:	27440	RunNo:	37150					
Prep Date:	9/12/2016	Analysis Date:	9/12/2016	SeqNo:	1152241	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
N-Hexane Extractable Material	39	10	40.00	0	98.0	78	114			

Qualifiers:

* Value exceeds Maximum Contaminant Level.
D Sample Diluted Due to Matrix
H Holding times for preparation or analysis exceeded
ND Not Detected at the Reporting Limit
R RPD outside accepted recovery limits
S % Recovery outside of range due to dilution or matrix

B Analyte detected in the associated Method Blank
E Value above quantitation range
J Analyte detected below quantitation limits
P Sample pH Not In Range
RL Reporting Detection Limit
W Sample container temperature is out of limit as specified

Page 2 of 4

EXHIBIT H

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1609364

20-Sep-16

Client: Permits West
Project: Solaris US 285 SWD

Sample ID	MB	SampType:	MBLK	TestCode:	EPA Method 300.0: Anions					
Client ID:	PBW	Batch ID:	A37081	RunNo:	37081					
Prep Date:		Analysis Date:	9/9/2016	SeqNo:	1149572	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	ND	0.50								

Sample ID	LCS	SampType:	LCS	TestCode:	EPA Method 300.0: Anions					
Client ID:	LCSW	Batch ID:	A37081	RunNo:	37081					
Prep Date:		Analysis Date:	9/9/2016	SeqNo:	1149573	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Chloride	4.9	0.50	5.000	0	98.6	90	110			

Qualifiers:

- | | |
|---|---|
| * Value exceeds Maximum Contaminant Level. | B Analyte detected in the associated Method Blank |
| D Sample Diluted Due to Matrix | E Value above quantitation range |
| H Holding times for preparation or analysis exceeded | J Analyte detected below quantitation limits |
| ND Not Detected at the Reporting Limit | P Sample pH Not In Range |
| R RPD outside accepted recovery limits | RL Reporting Detection Limit |
| S % Recovery outside of range due to dilution or matrix | W Sample container temperature is out of limit as specified |

QC SUMMARY REPORT

Hall Environmental Analysis Laboratory, Inc.

WO#: 1609364

20-Sep-16

Client: Permits West
Project: Solaris US 285 SWD

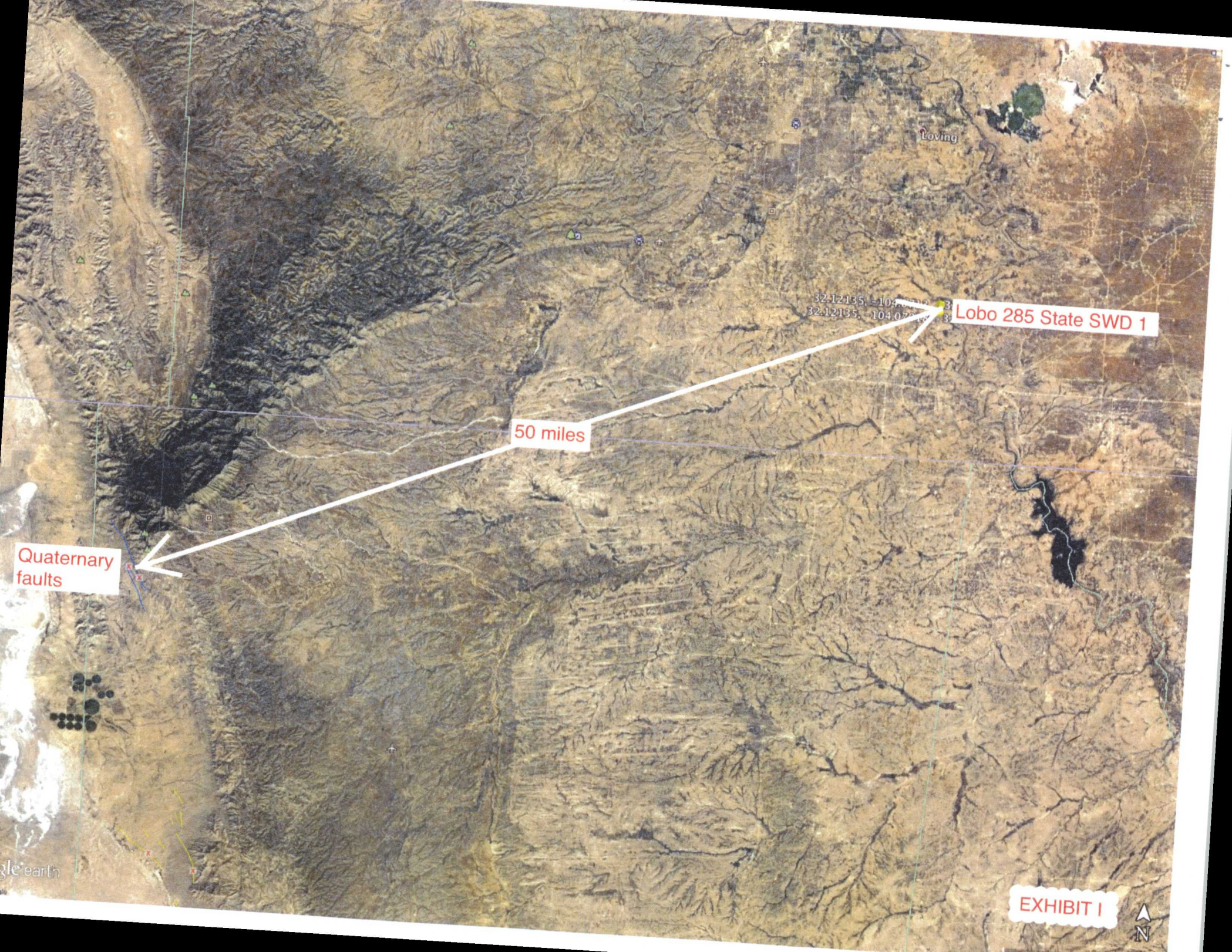
Sample ID	MB-27408	SampType:	MBLK	TestCode:	SM2540C MOD: Total Dissolved Solids					
Client ID:	PBW	Batch ID:	27408	RunNo:	37105					
Prep Date:	9/8/2016	Analysis Date:	9/9/2016	SeqNo:	1150191	Units:	mg/L			
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual
Total Dissolved Solids	ND	20.0								

Sample ID	LCS-27408		SampType:	LCS		TestCode:	SM2540C MOD: Total Dissolved Solids				
Client ID:	LCSW		Batch ID:	27408		RunNo:	37105				
Prep Date:	9/8/2016		Analysis Date:	9/9/2016		SeqNo:	1150192		Units:	mg/L	
Analyte	Result	PQL	SPK value	SPK Ref Val	%REC	LowLimit	HighLimit	%RPD	RPDLimit	Qual.	
Total Dissolved Solids	1010	20.0	1000	0	101	80	120				

Qualifiers:

- * Value exceeds Maximum Contaminant Level.
- D Sample Diluted Due to Matrix
- H Holding times for preparation or analysis exceeded
- ND Not Detected at the Reporting Limit
- R RPD outside accepted recovery limits
- S % Recovery outside of range due to dilution or matrix

- B Analyte detected in the associated Method Blank
- E Value above quantitation range
- J Analyte detected below quantitation limits
- P Sample pH Not In Range
- RL Reporting Detection Limit
- W Sample container temperature is out of limit as specified



Loving

32.12135, -104.02519
32.12135, -104.02519

Lobo 285 State SWD 1

50 miles

Quaternary faults

EXHIBIT I



gle earth



Entzminger Geoscience Services, LLC
PO Box 1543
Midland, TX 79702
432-638-2960
DavidJEntzminger@gmail.com

December 12, 2016

New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

RE: Geology Statement
Lobo 285 State SWD #1
Ne/4 Sec. 22, T25N, R28E
Eddy County, New Mexico

To whom it may concern:

Available geologic and engineering data related to the proposed Lobo 285 State SWD #1 has been reviewed, and there is no evidence for a hydrological connection between the proposed deep Silurian injection zone below 14,400' md and the drinking water sources. The Silurian SWD injection zone should be significantly below underground sources of drinking water found in the immediate area. For clarification, please note that the interval below the Woodford is likely Silurian age in this area even though many documents call it Devonian.

Sincerely,

David J. Entzminger, President
Entzminger Geoscience Services, LLC
CPG#5124; TBPG#1948

EXHIBIT J

Affidavit of Publication

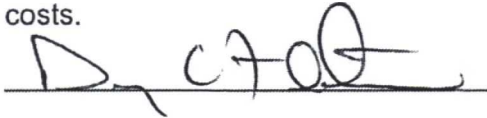
State of New Mexico,
County of Eddy, ss.

Danny Fletcher, being first duly
sworn, on oath says:

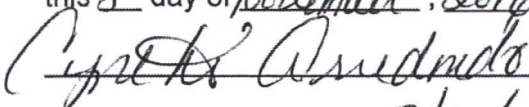
That he is the Publisher of the
Carlsbad Current-Argus, a
newspaper published daily at the
City of Carlsbad, in said county of
Eddy, state of New Mexico and of
general paid circulation in said
county; that the same is a duly
qualified newspaper under the laws
of the State wherein legal notices
and advertisements may be
published; that the printed notice
attached hereto was published in the
regular and entire edition of said
newspaper and not in supplement
thereof on the date as follows, to wit:

November 4 2016

That the cost of publication is **\$50.15**
and that payment thereof has been
made and will be assessed as court
costs.

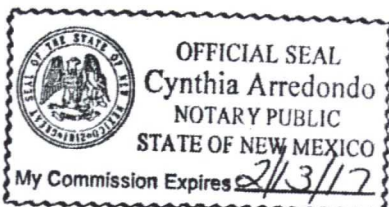


Subscribed and sworn to before me
this 4 day of November, 2016



My commission Expires 2/13/17

Notary Public



November 4, 2016

Solaris Midstream, LLC is applying to drill the Lobo 285 State SWD 1 as a saltwater disposal well. The well is staked at 330 FNL & 1320 FEL Sec. 22, T. 25 S., R. 28 E., Eddy County and is 7 miles south of Malaga, NM. Disposal will be in the Silurian from 14,400' to 15,500'. Maximum injection pressure will be 2,880 psi. Maximum disposal rate will be 30,000 bwpd. Interested parties must file objections or requests for hearing with the NM Oil Conservation Division, 1220 South Saint Francis Dr., Santa Fe, NM 87505 within 15 days. Additional infor-

mation can be obtained by contacting: Brian Wood, Permits West, Inc., 37 Verano Loop, Santa Fe, NM 87508. Phone number is (505) 466-8120.

EXHIBIT K

PERMITS WEST, INC.
PROVIDING PERMITS for LAND USERS
37 Verano Loop, Santa Fe, New Mexico 87508 (505) 466-8120

December 19, 2016

NM State Land Office
PO Box 1148
Santa Fe NM 87504

TYPICAL LETTER

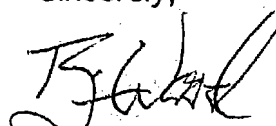
Solaris Midstream LLC is applying (see attached application) to drill the Lobo 285 State SWD 1 as a saltwater disposal well. As required by NM Oil Conservation Division (NMOCD) rules, I am notifying you of the following proposal. This letter is a notice only. No action is needed unless you have questions or objections.

Well: Lobo 285 State SWD 1 ID = 15,500'
Proposed Disposal Zone: Silurian (14,400' - 15,500')
Location: 330' FNL & 1320' FEL Sec. 22, T. 25 S., R. 28 E., Eddy County, NM
Approximate Location: 7 miles south of Malaga, NM
Applicant Name: Solaris Midstream LLC (281) 501-3079
Applicant's Address: 8901 Gaylord, Suite 210, Houston TX 77024

Submittal Information: Application for a saltwater disposal well will be filed with the NMOCD. If you have an objection, or wish to request a hearing, then it must be filed with the NMOCD within 15 days of receipt of this letter. NMOCD address is 1220 South St. Francis Dr. Santa Fe, NM 87505. Phone is (505) 476-3440.

Please call me if you have any questions.

Sincerely,


Brian Wood

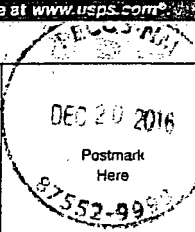
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<input type="checkbox"/> Return Receipt (electronic)	\$
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
NMSLO	
PO Box 1148	
Sent To Santa Fe NM 87504	
Street and Apt. No., or PO Box No. Solaris-Lobo	
City, State, ZIP+4	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

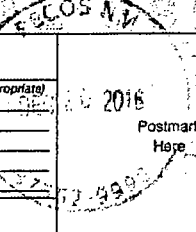
PECOS NM
DEC 20 2016
87552-9998

EXHIBIT L

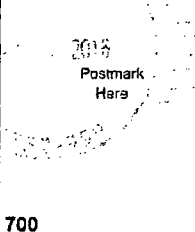
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Postage \$	
Total Postage and Fees	
Sent To Chevron USA 6301 Deauville Midland TX 79706 Solaris-Lobo	
Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

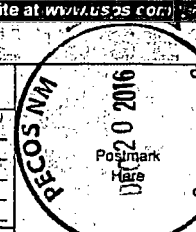
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Postage \$	
Total Postage and Fees	
Sent To Cimarex Energy Company 600 N Mariefeld Street Suite 600 Midland TX 79701 Solaris-Lobo	
Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

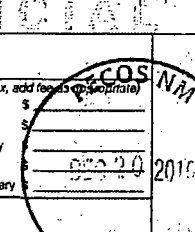
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<input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees	
Sent To CL&F Resources LP 450 Gears Road, Ste 700 Houston TX 77067 Solaris-Lobo	
Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7016 2070 0000 9704 4364

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
Certified Mail Fee \$ 3.30	 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ 2.10 <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$ 1.57	
Total Postage and Fees	
Sent To Bane Bigbie Inc PO Box 998 Ardmore OK 73402 Solaris-Lobo	
Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7016 2070 0000 9704 4360

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
Certified Mail Fee \$	 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees	
Sent To BLM 620 E. Greene Street Carlsbad NM 88220 Solaris-Lobo	
Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7016 2070 0000 9704 4361

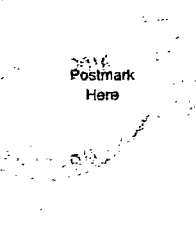
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
Certified Mail Fee \$	 Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees	
Sent To Centennial LLC PO Box 1837 Roswell NM 88202 Solaris-Lobo	
Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

EXHIBIT L

7016 2070 0000 9704 4409

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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees \$

Sent To
EOG Resources
105 S 4th Street
Artesia NM 88210-2177
Solaris-Lobo

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 9704 4416

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Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees \$

Sent To
Fasken Land & Minerals LTD
6101 Holiday Hill Road
Midland TX 79707
Solaris-Lobo

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 9704 4423

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\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees \$

Sent To
Hat Mesa Oil Company
3235 Calle Deborah
Albuquerque NM 87104
Solaris-Lobo

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 9704 4374

U.S. Postal Service™
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Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees \$

Sent To
Devon Energy Prod Co LP
333 W. Sheridan Ave
Oklahoma City OK 73102-5010
Solaris-Lobo

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 9704 4386

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees \$

Sent To
EAU Rouge LLC
PO Box 823085
Dallas TX 75382-3085
Solaris-Lobo

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 9704 4393

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees \$

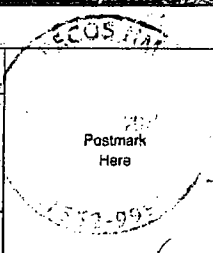
Sent To
Encana Oil & Gas (USA) Inc
370 17th St #1700
Denver CO 80202
Solaris-Lobo

Street and Apt. No., or PO Box No.
City, State, ZIP+4®

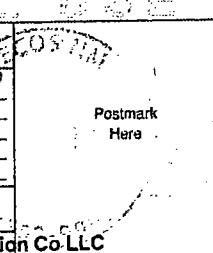
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

EXHIBIT L

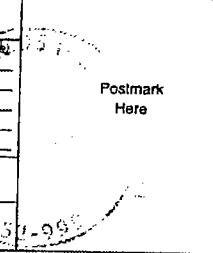
7016 2070 0000 9704 4461

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees	
Sent To Mewbourne Oil Company PO Box 5270 Hobbs NM 88241 Solaris-Lobo Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

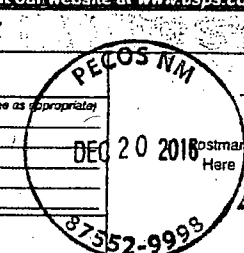
7016 2070 0000 9704 4478

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees	
Sent To Solaris Exploration Co LLC 3300 N A ST #120 Midland TX 79705 Solaris-Lobo Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

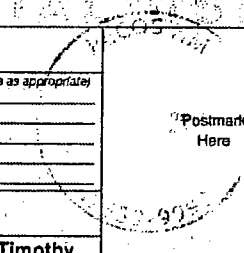
7016 2070 0000 9704 4485

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees	
Sent To OXY USA WTP LP PO Box 4294 Houston TX 77210 Solaris-Lobo Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7016 2070 0000 9704 4430

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees	
Sent To JTD Resources LLC PO Box 3422 Midland TX 79702 Solaris-Lobo Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7016 2070 0000 9704 4447

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees	
Sent To Leonard, Timothy PO Box 2625 Eagle Pass TX 78853 Solaris-Lobo Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

7016 2070 0000 9704 4454

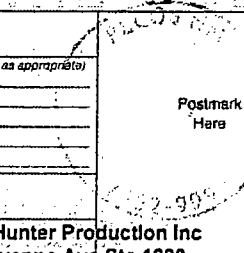
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®	
Certified Mail Fee \$	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees	
Sent To Magnum Hunter Production Inc 202 S Cheyenne Ave Ste 1000 Tulsa OK 74103 Solaris-Lobo Street and Apt. No., or PO Box No. City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

EXHIBIT L

7016 2070 0000 9704 4522

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Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
The Leonard Trust
PO Box 400
Roswell NM 88202
Solaris-Lobo

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 9704 4492

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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For delivery information, visit our website at www.usps.com®

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
OXY-Y-1 Company
PO Box 27570
Houston TX 77227-7570
Solaris-Lobo

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 9704 4539

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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For delivery information, visit our website at www.usps.com®

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Westway Retro
4514 Cole Ave #1005
Dallas TX 75202-5412
Solaris-Lobo

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 9704 4508

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Read & Stevens Inc
PO Box 1518
Roswell NM 80202
Solaris-Lobo

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 9704 4546

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Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Worrall Investment Corp
200 W 1st St #648
Roswell NM 88201
Solaris-Lobo

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2070 0000 9704 4515

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

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Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Scott Exploration Inc
214 W 3rd Street
Roswell NM 88201
Solaris-Lobo

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

EXHIBIT L

7016 2070 0000 9704 4553

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For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	
\$	
Extra Services & Fees (check box, and fee is appropriate)	
<input type="checkbox"/>	Return Receipt (hardcopy) \$
<input type="checkbox"/>	Return Receipt (electronic) \$
<input type="checkbox"/>	Certified Mail Restricted Delivery \$
<input type="checkbox"/>	Adult Signature Required \$
<input type="checkbox"/>	Adult Signature Restricted Delivery \$
Postage	
\$	
Total Postage and Fees	
\$	
Sent To	
Yates Petroleum Corporation	
105 S 4th Street	
Artesia NM 88210	
Solaris-Lobo	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

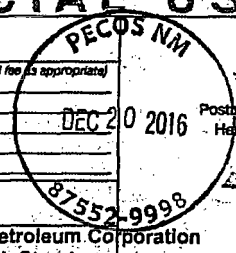


EXHIBIT L

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Thursday, January 5, 2017 7:59 AM
To: 'Brian Wood'
Subject: RE: Solaris Midstream LLC Lob 285 State SWD Well No.1

Brian:

I will not process your application.

Your client will have to wait the extra time.

I consistently send e-mails requesting the same information, and you do not pay attention to my expectations.

I want return receipts for the affected parties.

Mike

From: Brian Wood [mailto:brian@permitswest.com]
Sent: Wednesday, January 4, 2017 5:22 PM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Subject: Re: Solaris Midstream LLC Lob 285 State SWD Well No.1

Attached are the green cards.

Surface owner (NMSLO) card is on 2nd page.


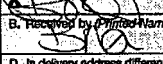
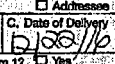
This is a new policy.

Exactly when do you want green cards?

I can wait 10 days after mailing before submitting package to you.

But that means you do not have the application if the public has a question.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>Johnnie Robles</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>JOHNNIE ROBLES</u> C. Date of Delivery <u>12-27-16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: Bane Bigbie Inc. PO Box 998 Ardmore OK 73402</p> <p>Solaris-Lobo</p> <p>9590 9402 2411 6249 6752 63</p>		<p>1. Article Addressed to: Devon Energy Prod Co LP 333 W. Sheridan Ave Oklahoma City OK 73102-5010</p> <p>Solaris-Lobo</p> <p>9590 9402 2411 6249 6753 17</p>	
<p>2. Article Number (Transfer from service label) <u>7016 2070 0000 9704 4564</u></p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		<p>2. Article Number (Transfer from service label) <u>7016 2070 0000 9704 4379</u></p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	
<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>12/27/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Amey Hunte</u> C. Date of Delivery <u>12/27/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: BLM 620 E. Greene Street Carlsbad NM 88220</p> <p>Solaris-Lobo</p> <p>9590 9402 2411 6249 6755 84</p>		<p>1. Article Addressed to: EAU Rouge LLC PO Box 823085 Dallas TX 75382-3085</p> <p>Solaris-Lobo</p> <p>9590 9402 2411 6249 6753 24</p>	
<p>2. Article Number (Transfer from service label) <u>7016 2070 0000 9704 4560</u></p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		<p>2. Article Number (Transfer from service label) <u>7016 2070 0000 9704 4386</u></p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	
<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>12/27/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>12/27/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: Centennial LLC PO Box 1837 Roswell NM 88202</p> <p>Solaris-Lobo</p> <p>9590 9402 2411 6249 6752 70</p>		<p>1. Article Addressed to: Encana Oil & Gas (USA) Inc 370 17th St #1700 Denver CO 80202</p> <p>Solaris-Lobo</p> <p>9590 9402 2411 6249 6753 48</p>	
<p>2. Article Number (Transfer from service label) <u>7016 2070 0000 9704 4331</u></p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		<p>2. Article Number (Transfer from service label) <u>7016 2070 0000 9704 4393</u></p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	
<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>12/27/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>12/27/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: Chevron USA 6301 Deauville Midland TX 79706</p> <p>Solaris-Lobo</p> <p>9590 9402 2411 6249 6752 87</p>		<p>1. Article Addressed to: EOG Resources 105 S 4th Street Artesia NM 88210-2177</p> <p>Solaris-Lobo</p> <p>9590 9402 2411 6249 6753 31</p>	
<p>2. Article Number (Transfer from service label) <u>7016 2070 0000 9704 4348</u></p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		<p>2. Article Number (Transfer from service label) <u>7016 2070 0000 9704 4409</u></p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	
<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>SENDER: COMPLETE THIS SECTION</p> <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>12/27/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery <u>12/27/16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: Cintra Energy Company 600 N. Mainfield Street Suite 600 Midland TX 79701</p> <p>Solaris-Lobo</p> <p>9590 9402 2411 6249 6752 94</p>		<p>1. Article Addressed to: Fasken Land & Minerals LTD 6101 Holiday Hill Road Midland TX 79707</p> <p>Solaris-Lobo</p> <p>9590 9402 2411 6249 6753 55</p>	
<p>2. Article Number (Transfer from service label) <u>7016 2070 0000 9704 4355</u></p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>		<p>2. Article Number (Transfer from service label) <u>7016 2070 0000 9704 4416</u></p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	
<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Yates Petroleum Corporation 105 S 4th Street Artesia NM 88210</p> <p>Solaris-Lobo</p>		<p>B. Received by (Printed Name) </p> <p>C. Date of Delivery </p>	
<p>9590 9402 2411 6249 6755 77</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>7016 2070 0000 9704 4553</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> All Restricted Delivery</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Spide C</u> C. Date of Delivery <u>12-22-16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Hat Mesa Oil Company 3235 Calle Deborah Albuquerque NM 87104</p> <p>Solaris-Lobo</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0000 9704 4423</p>		<p>5950 9402 2411 6249 6756 38</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<p>1. Article Addressed to:</p> <p>JTD Resources LLC PO Box 3422 Midland TX 79702</p> <p>Solaris-Lobo</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0000 9704 4430</p>		<p>5950 9402 2411 6249 6756 45</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<p>1. Article Addressed to:</p> <p>Leonard, Timothy PO Box 2625 Eagle Pass TX 78853</p> <p>Solaris-Lobo</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0000 9704 4447</p>		<p>5950 9402 2411 6249 6756 52</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Spide C</u> C. Date of Delivery <u>12-22-16</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>The Leonard Trust PO Box 400 Roswell NM 88202</p> <p>Solaris-Lobo</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0000 9704 4522</p>		<p>5950 9402 2411 6249 6757 37</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<p>1. Article Addressed to:</p> <p>Magnum Hunter Production Inc 202 S Cheyenne Ave Ste 1000 Tulsa OK 74103</p> <p>Solaris-Lobo</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0000 9704 4454</p>		<p>5950 9402 2411 6249 6756 69</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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<p>1. Article Addressed to:</p> <p>Read & Stevens Inc PO Box 1518 Roswell NM 80202</p> <p>Solaris-Lobo</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 2070 0000 9704 4508</p>		<p>5950 9402 2411 6249 6757 13</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Wednesday, January 4, 2017 11:05 AM
To: 'Brian Wood'
Cc: Jones, William V, EMNRD; Goetze, Phillip, EMNRD; Lowe, Leonard, EMNRD
Subject: RE: Solaris Midstream LLC Lob 285 State SWD Well No.1

I need an update on the requested information.

If the information is not received by 4:00 PM Friday January 6, 2017, the OCD will cancel your application.

This requirement is an ongoing concern for return receipts for disposal wells. If the trend continues, the OCD will not accept and process any application from Permits West until the entire application is complete.

Thank You

From: McMillan, Michael, EMNRD
Sent: Friday, December 23, 2016 9:40 AM
To: 'Brian Wood' <brian@permitswest.com>
Subject: Solaris Midstream LLC Lob 285 State SWD Well No.1

Brian:

I received your SWD application for the Solaris Midstream LLC Lob 285 State SWD Well No.1 .API 30-015-43979

Your application is suspended for the following issues:

No return receipts for the affected parties.

Thank You

MICHAEL A. MCMILLAN

Engineering Bureau, Oil Conservation Division
1220 south St. Francis Dr., Santa Fe NM 87505
O: 505.476.3448
Michael.McMillan@state.nm.us



New Mexico Office of the State Engineer Water Column/Average Depth to Water

(A CLW##### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced,
O=orphaned,
C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters) (In feet)

POD Number	Code	Sub-basin	County	Q Q Q	Sec	Tws	Rng	X	Y	Depth Well	Depth Water	Water Column
<u>C 01522</u>		C	ED	1	22	25S	28E	586843	3554004*	150		

Average Depth to Water: --

Minimum Depth: --

Maximum Depth: --

Record Count: 1

PLSS Search:

Section(s): 14-16, 21-23 Township: 25S Range: 28E

*UTM location was derived from PLSS - see Help

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

1/6/17 10:30 AM

WATER COLUMN/ AVERAGE
DEPTH TO WATER



C-108 Review Checklist: Received _____ Add. Request: _____ Reply Date: _____ Suspended: _____ [Ver 15]

ORDER TYPE: WFX / PMX / SWD Number: 1603 Order Date: _____ Legacy Permits/Orders: _____

Well No. 1 Well Name(s): LUBD 285 SWD

API: 30-0 15-43979 Spud Date: _____ New or Old: _____ (UIC Class II Primacy 03/07/1982)

Footages ☒ Lot _____ or Unit _____ Sec 25 Tsp 255 Rge 285 County Eliz

General Location: 28 miles south of MASA Pool: SUN, SILVER AN Pool No.: _____

BLM 100K Map: CANUSBA Operator: SOLANIS WATER OGRID: 371643 Contact: Brian Wood, agent

COMPLIANCE RULE 5.9: Total Wells: 2 Inactive: 0 Fincl Assur: Y Compl. Order? NA IS 5.9 OK? Y Date: 1-25-2017

WELL FILE REVIEWED ☒ Current Status: Proposed

WELL DIAGRAMS: NEW: Proposed ☒ or RE-ENTER: Before Conv. ☐ After Conv. ☐ Logs in Imaging: _____

Planned Rehab Work to Well: _____

Well Construction Details		Sizes (in) Borehole / Pipe	Setting Depths (ft)	Cement St or Cf	Cement Top and Determination Method
Planned <input type="checkbox"/> or Existing <input checked="" type="checkbox"/> Surface		26/20	575	1500	SURFACE / VISUAL
Planned <input type="checkbox"/> or Existing <input type="checkbox"/> Interm/Prod		17 1/2 / 13 3/8	3125	1750 / 1800	SURFACE / VISUAL
Planned <input type="checkbox"/> or Existing <input type="checkbox"/> Interm/Prod		12 1/4 / 9 5/8	10300	7500 / 8000	SURFACE / VISUAL
Planned <input type="checkbox"/> or Existing <input checked="" type="checkbox"/> Prod/Liner		8 1/2 / 7	14400	675	9800 / CBL
Planned <input type="checkbox"/> or Existing <input type="checkbox"/> Liner					
Planned <input type="checkbox"/> or Existing <input type="checkbox"/> OH / PERF					

Injection Lithostratigraphic Units:		Depths (ft)	Injection or Confining Units	Tops	Completion/Operation Details:
Adjacent Unit: Litho. Struc. Por.					Drilled TD <u>1550</u> PBTD _____
Confining Unit: Litho. Struc. Por.					NEW TD _____ NEW PBTD _____
Proposed Inj Interval TOP: _____					NEW Open Hole <input checked="" type="checkbox"/> or NEW Perfs <input type="checkbox"/>
Proposed Inj Interval BOTTOM: _____					Tubing Size <u>4 1/2</u> in. Inter Coated? _____
Confining Unit: Litho. Struc. Por.					Proposed Packer Depth <u>14350</u> ft
Adjacent Unit: Litho. Struc. Por.					Min. Packer Depth <u>14300</u> (100-ft limit)
					Proposed Max. Surface Press. <u>2800</u> psi
					Admin. Inj. Press. <u>2800</u> (0.2 psi per ft)

AOR: Hydrologic and Geologic Information

POTASH: R-111-P N/A Noticed? _____ BLM Sec Ord ☐ WIPP ☐ Noticed? _____ Salt/Salado T: _____ B: _____ NW: Cliff House fm _____

FRESH WATER: Aquifer N/A Max Depth _____ HYDRO AFFIRM STATEMENT By Qualified Person ☐

NMOSE Basin: CANUSBA CAPITAN REEF: thru adj NA No. Wells within 1-Mile Radius? _____ FW Analysis _____

Disposal Fluid: Formation Source(s) Bones Springs, Wolfcamp Analysis? Y On Lease ☐ Operator Only ☐ or Commercial ☒

Disposal Int: Inject Rate (Avg/Max BWPD): 250/250 Protectable Waters? _____ Source: _____ System: Closed or Open

HC Potential: Producing Interval? N/A Formerly Producing? NA Method: Logs/DST/P&A/Other _____ 2-Mile Radius Pool Map ☐

AOR Wells: 1/2-M-Radius Map? Y Well List? Y Total No. Wells Penetrating Interval: 4 Horizontals? Y

Penetrating Wells: No. Active Wells 0 Num Repairs? _____ on which well(s)? _____ Diagrams? _____

Penetrating Wells: No. P&A Wells _____ Num Repairs? _____ on which well(s)? _____ Diagrams? _____

NOTICE: Newspaper Date 11-4-2016 Mineral Owner NMSLO Surface Owner NMSLO N. Date 12-22-2016

RULE 26.7(A): Identified Tracts? _____ Affected Persons: Chevron, Devon, Oxy-FUC N. Date 12-27-2016

Order Conditions: Issues: 7" 14400' - 9500'

Add Order Cond: CIRCULAR RAIL SURFACE CEMENT TO SURFACE

see e-mail 1/06/2017

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Wednesday, January 11, 2017 9:59 AM
To: 'Brian Wood'
Subject: RE: Solaris Midstream LLC Lob 285 State SWD Well No.1

Brian:
Thanks for the update.
I will still require that you supply a signed statement that the AOR has not changed, after you select the new location.
Mike

From: Brian Wood [mailto:brian@permitswest.com]
Sent: Wednesday, January 11, 2017 9:51 AM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Subject: Re: Solaris Midstream LLC Lob 285 State SWD Well No.1

They are scheduling surveyor.
I will let you know when it is re-staked and provide new C-102 to you & Artesia.
I calculated 10' move due E or due W and no additional parties will be involved.
Location is on a slope - so surveyor will make in field decision on which way to go to minimize cut & fill.

On Jan 11, 2017, at 8:46 AM, McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us> wrote:

Can you give me an update on the request.
The 15-day period ends today
mike

From: McMillan, Michael, EMNRD
Sent: Friday, January 6, 2017 10:48 AM
To: 'Brian Wood' <brian@permitswest.com>
Cc: Jones, William V, EMNRD <WilliamV.Jones@state.nm.us>; Goetze, Phillip, EMNRD <Phillip.Goetze@state.nm.us>; Lowe, Leonard, EMNRD <Leonard.Lowe@state.nm.us>
Subject: RE: Solaris Midstream LLC Lob 285 State SWD Well No.1

Brian:
The OCD prefers that wells be located at least 10 feet off the Unit boundary.
In the case of the Lobo, the OCD will allow you to move the location 10 feet as long as you notify the Artesia District Office of the new location, and you send a signed statement to the Santa Fe Office that the new location will not affect notice.

Thank You

MICHAEL A. MCMILLAN
Engineering Bureau, Oil Conservation Division
1220 south St. Francis Dr., Santa Fe NM 87505
O: 505.476.3448

Michael.McMillan@state.nm.us

From: McMillan, Michael, EMNRD
Sent: Wednesday, January 4, 2017 11:05 AM
To: 'Brian Wood' <brian@permitswest.com>
Cc: Jones, William V, EMNRD <WilliamV.Jones@state.nm.us>; Goetze, Phillip, EMNRD <Phillip.Goetze@state.nm.us>; Lowe, Leonard, EMNRD <Leonard.Lowe@state.nm.us>
Subject: RE: Solaris Midstream LLC Lob 285 State SWD Well No.1

I need an update on the requested information.

If the information is not received by 4:00 PM Friday January 6, 2017, the OCD will cancel your application.

This requirement is an ongoing concern for return receipts for disposal wells. If the trend continues, the OCD will not accept and process any application from Permits West until the entire application is complete.

Thank You

From: McMillan, Michael, EMNRD
Sent: Friday, December 23, 2016 9:40 AM
To: 'Brian Wood' <brian@permitswest.com>
Subject: Solaris Midstream LLC Lob 285 State SWD Well No.1

Brian:

I received your SWD application for the Solaris Midstream LLC Lob 285 State SWD Well No.1 .API 30-015-43979

Your application is suspended for the following issues:

No return receipts for the affected parties.

Thank You

MICHAEL A. MCMILLAN

Engineering Bureau, Oil Conservation Division
1220 south St. Francis Dr., Santa Fe NM 87505

O: 505.476.3448

Michael.McMillan@state.nm.us

PERMITS WEST, INC.
PROVIDING PERMITS for LAND USERS
37 Verano Loop, Santa Fe, New Mexico 87508 (505) 466-8120

January 25, 2017

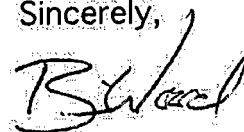
Michael McMillan
NM Oil Conservation Division
1220 S. St. Francis Dr.
Santa Fe NM 87504

Dear Michael,

As requested, the Lobo 285 State SWD 1 well for Solaris Water Midstream, LLC was moved 10 feet east from 330 FNL & 1320 FEL 22-25s-28e to 330 FNL & 1310 FEL 22-25s-28e. The move did not bring in any new parties needing notice. The revised location is 10 feet closer to NWSW 23-25s-28e, but 2655' from that quarter-quarter. Thus, it is 15' beyond the area of review.

Please call me if you have any questions.

Sincerely,



Brian Wood