

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-44407

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Striker 3

8. Well Number 001

9. OGRID Number 372338

10. Pool name or Wildcat: Devonian

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other: Saltwater Disposal

2. Name of Operator: NGL Water Solutions Permian, LLC

3. Address of Operator: 3773 Cherry Creek N. Drive, Suite 1000, Denver, CO 80209

4. Well Location

Unit Letter P : 472 feet from the South line and 897 feet from the East line

Section 33

Township 23S

Range 28E

NMPM 6

County Eddy

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

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Pressure found on tubing casing annulus.

NOI was not submitted

Shut well in and started workover.

OCD was not informed of MIT

Found leak in tubing cross-over sub (i.e. swedge from 5-1/2" to 4-1/2").

Replace cross-over sub and re-run tubing.

MIT chart was not submitted

Performed mechanical integrity test and return to injection.

Spud Date:

6-9-2020

Rig Release Date:

6-26-2020

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

SIGNATURE



TITLE

Regulatory Director

DATE

7-7-20

Type or print name

Joseph Vargo

E-mail address:

joseph.vargo@nmlr.com

PHONE:

303-815-1010

For State Use Only

APPROVED BY:

DENIED

DATE

gc

7/21/2020

Conditions of Approval (if any):