

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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

WELL API NO.
30-015-45442

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

FAULK SWD

8. Well Number 007

9. OGRID Number 371287

10. Pool name or Wildcat
SWD;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 SWD-1846-0

2. Name of Operator
Black River Water Management Company, LLC

3. Address of Operator
5400 LBJ FREEWAY, STE 1500, DALLAS, TX 75240

4. Well Location
Unit Letter P : 161 feet from the S line and 515 feet from the E line
Section 32 Township 22S Range 28E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3026'

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: Completion procedure ☒

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.

01/06/20 RIH & set packer @ 13,441'. Open hole disposal interval from 13510' to 14510' (Devonian).
01/08/20 Run 5.5" 20# IPC injection string. Seat into packer & land hanger. Secure well.
01/09/20 ND 5K BOP, set tree. Secure well; hand over to construction/facility crew.
01/10/20 Perform successful MIT to 600 psi for 30 min; drop 10 psi, Dan Smolik NMOCD, witness.

TVD/MD 14505'/14510'

Spud Date:

11/15/2019

Rig Release Date:

12/12/2019

RECEIVED

JAN 30 2020

EMNRD-OCD ARTESIA

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

SIGNATURE Ava Monroe TITLE Sr. Regulatory Analyst DATE 01/28/2020

Type or print name Ava Monroe E-mail address: amonroe@matadorresources.com PHONE: 972-371-5218

For State Use Only

APPROVED BY: Daniel TITLE Compliance Officer DATE 1-30-20

Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
Governor

Sarah Cottrell Propst
Cabinet Secretary

Todd E. Leahy, JD, PhD
Deputy Secretary

RECEIVED

JAN 31 2020

EMNRD-OCD ARTESIA

Adrienne Sandoval, Division Director
Oil Conservation Division



Date: 1-10-20

API# 30-015-45442

A Mechanical Integrity Test (M.I.T.) was performed on, Well

Faulk SWD # 007

☒ M.I.T. is successful, the original chart has been retained by the Operator on site. Send a legible scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOCD field office. A scanned image will appear online via NMOCD website, www.emnrd.state.nm.us/ocd/OCDOnline.htm 7 to 10 days after postdating.

____ M.I.T. is unsuccessful, the original chart is returned to the Operator. Repairs will be made; Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.

No expectation of extension should be construed because of this test.

____ M.I.T. for Temporary Abandonment, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

____ M.I.T. is successful, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

____ M.I.T. is successful, Initial of an injection well, you must submit a **form C-103** to NMOCD within 30 days. A **C-103 form** must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact me for verification to ensure documentation requirements are in place prior to injection process.

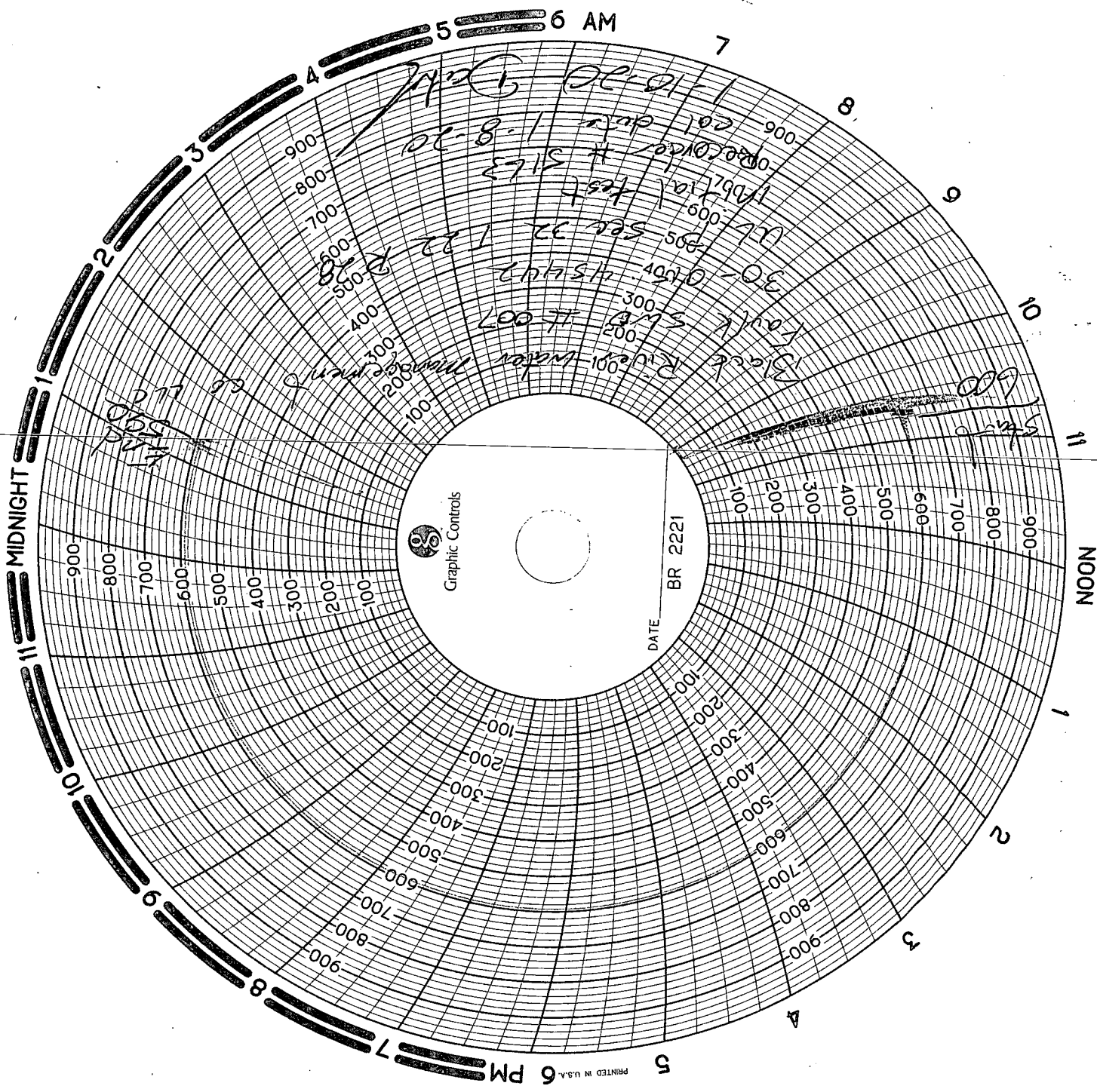
If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.103

Thank You,

Dan Smolik, Compliance Officer

EMNRD-O.C.D.

District II - Artesia, NM



District II - Artesia811 S. 1st Street, Artesia, NM 88210

Phone: (575) 748-1283 - Fax: (575)-748-9720

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Artesia District Office

BRADENHEAD TEST REPORT

Operator Name <i>Black River Water Management co. LLC</i>		API Number <i>30-015-45442</i>
Property Name <i>Faulk SWD</i>		Well No. <i>087</i>

7. Surface Location

UL - Lot <i>P</i>	Section <i>32</i>	Township <i>22</i>	Range <i>28</i>	Feet from <i>161</i>	N/S Line <i>N/S</i>	Feet From <i>515</i>	E/W Line <i>0</i>	County <i>Eddy</i>
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Well Status

TA'D Well YES <input checked="" type="radio"/> NO	SHUT-IN YES NO	INJECTOR INJ <input checked="" type="radio"/> SWD	PRODUCER OIL GAS	DATE <i>1-10-20</i>
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OBSERVED DATA

	(A) Surf-Interm.	(B) Interm. (1)	(C) Interm. (2)	(D) Prod Casing	(E) Tubing
Pressure					
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	CO2 _____
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR _____
Surges	Y / N	Y / N	Y / N	Y / N	GAS _____
Down to nothing	Y / N	Y / N	Y / N	Y / N	If applicable type
Gas or Oil	Y / N	Y / N	Y / N	Y / N	fluid injected for
Water	Y / N	Y / N	Y / N	Y / N	Waterflood

If Braden head flowed water, check all the descriptions that apply:

CLEAR	FRESH	SALTY	SULFUR	BLACK
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Remarks: Please state for each string (A, B, C, D, E) pertinent information regarding bleed down or continuous build up if applies.

New well not on line

Signature: <i>Danny Smolik</i>	OIL CONSERVATION DIVISION
Printed name: Danny Smolik	Entered RBDMS
Title: Compliance Office O	Re-test
E-mail Address: danny.smolik@state.nm.us	
Date: <i>1-10-20</i>	Phone: 575-626-0836
Witness:	