

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

Form C-103  
 Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELLS <b>FEB 19 2019</b> (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.)		WELL API NO. <b>30-015-45235</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <b>SWD</b>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>NEGL Water Solutions Permian LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>1509 W Waver St Ste 300 Midland TX</b>		7. Lease Name or Unit Agreement Name <b>Red Road SWD</b>
4. Well Location Unit Letter <b>P</b> : <b>510</b> feet from the <b>S</b> line and <b>1167</b> feet from the <b>E</b> line Section <b>20</b> Township <b>23S</b> Range <b>31E</b> NMPM County <b>Edley</b>		8. Well Number <b>1</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3465 GR</b>		9. OGRID Number <b>372338</b>
		10. Pool name or Wildcat <b>SWD; Devonian</b>

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <b>TD</b> <input type="checkbox"/>	
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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.

**Drilled 6 1/2" open hole to 17894'**  
**Open hole completion:**  
 RTH + seal injection OKR @ 16451'  
 RTH w/ 5 1/2" 1" API 110 TCP + 7" 26" API 110 TCP. Displace hdo w/ slick fluid + string into OKR @ 16451'  
 5 1/2" from 16451' - 10772' + 7" from 10772' - surface  
 makeup prod. flow. Pressure test 7" @ 1000 psi for 15 min. *in the area of 30 min or less*  
 Reinsert plug in OKR w/ 3000 psi. RAMO. Release Rig

Spud Date: **1/16/19**

Rig Release Date: **1/22/19**

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

SIGNATURE *Sarah Jordan* TITLE Mgr Reg Comp DATE 2/12/19  
 Type or print name Sarah Jordan E-mail address: sarah.jordan@nmoed.com PHONE: 432-685-0005  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE **Accepted For Record** DATE **3-7-2019**  
**NMOCD**  
 Conditions of Approval (if any): \_\_\_\_\_