

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. 30-015-45301
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name PATRIOT SWD
8. Well Number 08
9. OGRID Number 371287
10. Pool name or Wildcat SWD;DEVONIAN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3137' GR

**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

2. Name of Operator  
Black River Water Management Company

3. Address of Operator  
5400 LBJ Freeway, Ste. 1500, Dallas, TX 75240

4. Well Location  
 Unit Letter N : 100 feet from the S line and 1960 feet from the W line  
 Section 09 Township 23S Range 27E NMPM County Eddy

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 checked="" 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: <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.

Please see attached for changes to casing and cementing plan.

RECEIVED

APR 02 2019

DISTRICT II-ARTESIA O.C.D.

SWD-1709

Spud Date:

Rig Release Date:

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 04/01/19

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

APPROVED BY: Do Dool TITLE Compliance Officer DATE 4-18-19  
 Conditions of Approval (if any):

Well Name: Patriot SWD #8 30-015-45301

STRING	FLUID TYPE	HOLE SZ	CSG SZ	CSG GRADE	CSG WT	DEPTH SET	TOP CSG	TTL SX CEMENT	EST TOC	ADDITIONAL INFO FOR CSG/CMT PROGRAM (Optional)
SURF	FRESH WTR	26	20	J-55	94.00	450	0	847	0	
INT 1	BRINE	17.5	13.375	J-55	54.50	1977	0	1033	0	
INT 2	CUT BRINE	12.25	9.625	P-110	<b>40.00</b>	9653	0	841	0	
PROD	MUD	8.75	<b>7.625</b>	P-110	<b>39.00</b>	13053	<b>9153</b>	<b>200</b>	<b>9153</b>	Liner Hanger at 9153'

\* All previous COA and Administrative Orders will be followed

Changes are bolded & highlighted in yellow