

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

Energy, Minerals and Natural Resources

RECEIVED

JAN 28 2020

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

EMNRD-OCD ARTESIA

WELL API NO.

30-015-23728

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

DORSTATE SWD

8. Well Number

1

9. OGRID Number

373626

10. Pool name or Wildcat

SWD; BONE SPRING

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

PERMIAN WATER SOLUTIONS, LLC

3. Address of Operator

600 TRAVIS ST., SUITE 4700, HOUSTON TX 77002

4. Well Location

Unit Letter: H

1980 feet from the NORTH line and 660 feet from the EAST line

Section 27

Township 25 S

Range 28 E

NMPM

EDDY County

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

2968' GL

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.

Propose to P&A as shown on attached diagram.

Need written Procedure

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

B Wood

TITLE CONSULTANT

DATE 1-27-20

Type or print name BRIAN WOOD

E-mail address: brian@permitswest.com

PHONE: 505 466-8120

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

DENIED

DENIED