

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. 30-015-44406
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Striker 1 SWD
8. Well Number 1
9. OGRID Number 372338
10. Pool name or Wildcat SWD: Devonian; Silurian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2995 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
NGL Water Solutions Permian LLC

3. Address of Operator
1509 W wall St, Suite 306, Midland, TX 79701

4. Well Location
 Unit Letter B : 1016 feet from the North line and 1395 feet from the East line
 Section 1 Township 23S Range 28E NMPM County Eddy

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

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

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.

MIT test was conducted on 4/3/19 and witnessed by Gilberto Cordero, OCD Rep. Chart and paperwork is attached.
 First injection has not occurred.

RECEIVED

APR 19 2019

DISTRICT II-ARTESIA O.C.D.

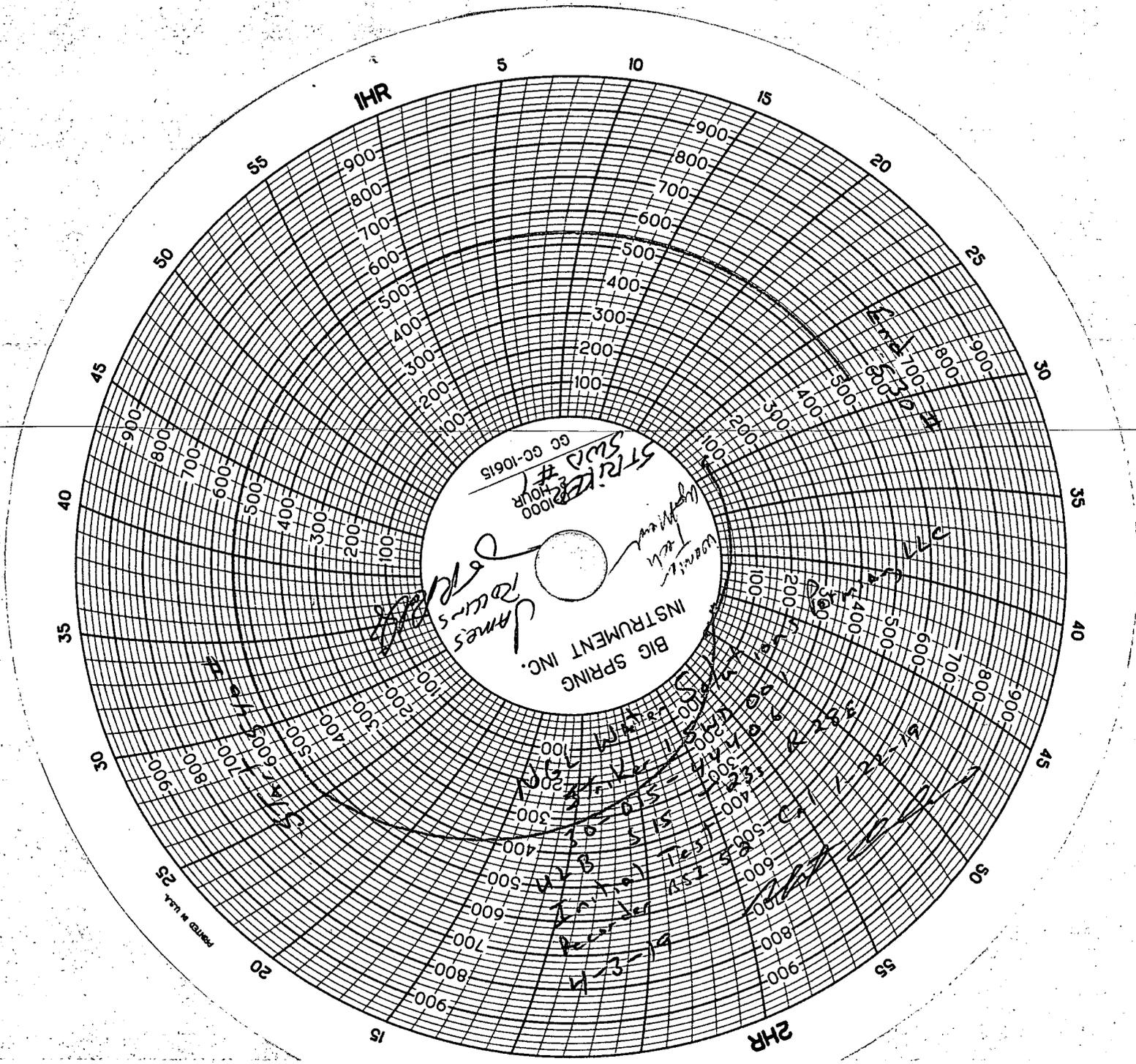
Spud Date:

Rig Release Date:

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

SIGNATURE Sarah Jordan TITLE Manager Regulatory Compliance DATE 4/16/19
 Type or print name Sarah Jordan E-mail address: sarah.jordan@nglep.com PHONE: 432/685-0005

For State Use Only
 APPROVED BY: [Signature] TITLE Compliance Officer DATE 4-25-19
 Conditions of Approval (if any):



BIG SPRING INSTRUMENT INC.
James Rollins

STRIPPER
GC GC-10615
1000 HOUR

WARRANTY
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MADE IN U.S.A.