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State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88218
District III - (505) 346-1178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

PERMITS AND REGULATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-44406
5. Indicate Type of Lease STATE [ ] FEE [ ]
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

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 5 Township 23S Range 28E NMPM County Eddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2995 GR

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 [ ]
MIT Test [ ]
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.

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.

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

APPROVED BY: [ ] DATE [ ]
Conditions of Approval (if any):

Accepted for record NMOGD

State of New Mexico  
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham  
Governor

Sarah Cottrell Propst  
Cabinet Secretary Designate

Gabriel Wade, Acting Director  
Oil Conservation Division



Date: 4/3/19

API# 30-015-44406

A **Mechanical Integrity Test (M.I.T.)** was performed on, Well Striker 1 SWD 001

\_\_\_ 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/OCDOOnline.htm](http://www.emnrd.state.nm.us/ocd/OCDOOnline.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 call **575-748-1283** 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.114.**

Thank You,

*No Paper work on File*

Gilbert Cordero, Staff Manager  
EMNRD-O.C.D.  
District II - Artesia, NM

