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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 88210  
District III - (505) 337-1123  
1000 Rio Brazos Blvd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

MAY 19 2019

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

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

|  |   |  |  |
|--|---|--|--|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>                     |  |
| 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"/>    |   | First Injection <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.

6/4/19 - First Injection.

Spud Date:  Rig Release Date:  **SND-1724**

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 6/5/19  
Type or print name Sarah Jordan E-mail address: sarah.jordan@nglep.com PHONE: 432/685-0005

**For State Use Only**  
APPROVED BY: Accepted for record DATE \_\_\_\_\_  
Conditions of Approval (if any): EMROCD