

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

CORRECTED

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 WD
8. Well Number 1
9. OGRID Number 372338
10. Pool name or Wildcat SWD: Silurian; Devonian

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

2. Name of Operator
NGL Water Solutions Permian LLC

3. Address of Operator
1509 W Wall St, Ste 306, Midland, TX 79701

4. Well Location
 Unit Letter B : 1016 feet from the North line and 1395 feet from the East line
 Section 15 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:		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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>		Spud and surface csg & cmt	
OTHER: <input type="checkbox"/>		OTHER: <input checked="" 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.

Spud well @0300 hrs on 12/25/18. Drld 24" hole to 550'. Reached TD on 12/26/18. RU Csg crew on 12/26 and ran 13 jts 20" J55 94# BTC. Set @ 540' on 12/26/18. Ru cementers on 12/27/18 and cmt as follows: 780 sxs 14.8 ppg. 2 bbls back to surface. Cmt in place at 0800 hrs 12/27/18. Bumped plug @ 0811 hrs 12/27/18. Pressure tested to 600 psi. Held for 15 mins. RD Cementers. WOC. NDA @ 0430 hrs 12/28/18.

Not Tested for 30 minutes

Notified of spud and cmt on 12/24/18.

RECEIVED

*GC 3/7/19
 Accepted for record - NMOCD*

FEB 26 2019

DISTRICT II-ARTESIA O.C.D.

Spud Date: 12/25/18

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 12/25/18
 Type or print name Sarah Jordan E-mail address: sarah.jordan@nglep.com PHONE: 432/685-0005 x 1989

For State Use Only

APPROVED BY: *Sarah Jordan* TITLE NMOCD DATE
 Conditions of Approval (if any):