

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
Revised July 18, 2013

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address Goodnight Midstream Permian, LLC 5910 North Central Expressway, Suite 580 Dallas, TX 75206		² OGRID Number 372311 ³ API Number 30-025-44386	
⁴ Property Code 320649	⁵ Property Name Ted 28 SWD		⁶ Well No. 001

⁷ Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
F	28	21S	36E		2402	N	1911	W	Lea

⁸ Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

⁹ Pool Information

Pool Name SWD; Grayburg-San Andres-Glorieta	Pool Code 96111
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Additional Well Information

¹¹ Work Type P	¹² Well Type S	¹³ Cable/Rotary R	¹⁴ Lease Type P	¹⁵ Ground Level Elevation 3606'
¹⁶ Multiple N	¹⁷ Proposed Depth 6240'	¹⁸ Formation Glorieta	¹⁹ Contractor TBD	²⁰ Spud Date 03/04/2020
Depth to Ground water 128' (CP 00941 POD1)		Distance from nearest fresh water well 8219' NE to CP 00941 POD1		Distance to nearest surface water Approx. 6500' SE to seasonal depression

☒ We will be using a closed-loop system in lieu of lined pits

²¹ Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surface	12.25"	9.625"	40	1450	200	GL
Production	8.75"	7"	32	3950'	500	GL
Open Hole	6"	N/A	N/A	6240'	N/A	N/A

Casing/Cement Program: Additional Comments

Please see attached procedure for plug back

²² Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input type="checkbox"/> and/or 19.15.14.9 (B) NMAC X, if applicable. Signature: Printed name: Denise Jones Title: Regulatory Analyst E-mail Address: djones@cambrianmgmt.com	OIL CONSERVATION DIVISION Approved By: _____ Title: _____ Approved Date: _____ Expiration Date: _____
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Date: 03/03/2020	Phone: 432-620-9181	Conditions of Approval Attached
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