

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. 30-025-43901
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Ryno SWD
8. Well Number 001
9. OGRID Number 372311
10. Pool name or Wildcat SWD; San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3612" GL

OCD - HOBBS
11/12/2020
RECEIVED

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 X SWD

2. Name of Operator
Goodnight Midstream Permian, LLC

3. Address of Operator
5910 North Central Expressway, Suite 580, Dallas, TX 75206

4. Well Location
 Unit Letter H : 1450 feet from the North line and 708 feet from the East line
 Section 17 Township 21S Range 36E NMPM County Lea

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"/>			
OTHER: <u>Injectivity Test</u> <input checked="" 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.

Goodnight is notifying OCD of their intention to perform a voluntary injectivity test on the Ryno SWD. The test is schedule to be performed Tuesday, November 17, 2020. The test is expected to be performed as follows:

Test Step	Injection Rate (BPM)	Rate (BWPD)	Surface tubing pressure (psi)	Comment	Weight of water Column (lbs)	Friction Loss in 4 1/2" Tubing	Bottom Hole Pressure (psi)	Fracture Gradient at BHP
Step 1	14	20,160	38	measured	2167	347	1858	0.424
Step 2	17	24,480	70	measured	2167	495	1742	0.398
Step 3	20	28,800	132	estimated	2167	667	1632	0.373
Step 4	23	33,120	247	estimated	2167	862	1552	0.354
Step 5	26	37,440	463	estimated	2167	1080	1550	0.354
Step 6	29	41,760	866	estimated	2167	1322	1711	0.391
Step 7	32	46,080	1621	estimated	2167	1583	2205	0.503
Current MASIP = 1050 PSI					Specific Gravity of water to be used in test= 1.14 (9.514 lbs/gal)			
Shallowest perforation in the well= 4380 ft					Packer set at 4350 ft			

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 Nathan Alleman TITLE Regulatory Specialist – ALL Consulting DATE 11/12/2020

Type or print name Nathan Alleman E-mail address: nalleman@all-llc.com PHONE: 918-237-0559

For State Use Only

APPROVED BY: [Signature] TITLE _____ DATE 11/16/2020
 Conditions of Approval (if any): _____