

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. 30-025-28224
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Pearl State
8. Well Number 2
9. OGRID Number 310761
10. Pool name or Wildcat Wolfcamp
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3830 RKB

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
Oasis Water Solutions, LLC

3. Address of Operator
Box 36 Monument, NM 88265

4. Well Location
 Unit Letter J : 1980 feet from the S line and 1980 feet from the E line
 Section 10 Township 19 Range 35 NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" 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: <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.

Pursuant to administrative order SWD 1542, Oasis wishes to convert the above listed well to a SWD as approved. Will begin work after C-103 approved and equipment is available.

See Attached:

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

**HOBBS OCD
 MAY 13 2015
 RECEIVED**

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 Eddie W. Seay TITLE Agent DATE 5/15/15

Type or print name Eddie W. Seay E-mail address: seay04@leaco.net PHONE: 575-392-2236
For State Use Only

APPROVED BY: Mary Brawn TITLE Dist. Supervisor DATE 5/18/2015

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to STARTING THE WORKOVER.

CONDITION OF APPROVAL: Operator shall give the OCD District Office 24 hour notice before running the MIT test and chart.

MAY 18 2015

Attachment to C-103
Oasis Water Solutions, LLC
Pearl State #2

- 1) Test anchors and move in PU.
- 2) Install BOP.
- 3) Remove all rods and tubing.
- 4) Go in hole, clean out well bore and perforations.
- 5) Add perfs if necessary and acidize.
- 6) Run in hole with 3 ½ in. coated tubing and packer and set at approximately 10330 ft. or within 100 ft. top perfs.
- 7) Notify OCD and run MIT as required.
- 8) Load backside with packer fluid.
- 9) Put on injection.
- 10) File subsequent report of work performed.
- 11) File monthly C-115.

HOBBS OCD

MAY 13 2015

RECEIVED