

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"/> X
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; Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3612' GL

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
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 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 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 checked="" type="checkbox"/>	- Surface Cas.
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.

Run 32 jts of 13 3/8" J-55 STC casing as follows. Float shoe @ 1,348', 1 jt csg, Float collar @ 1,302', 31 jts of casing back to surface. Circulate casing on bottom. Hold PJSM with Compass Cementing crew. Rig up Compass to cement 13 3/8" surface casing. Cement surface casing as follows: Load lines, close cement valve and test lines to 4,000 psi, Pump 20 bbls FW ahead @ 6 bbls min @ 210 psi, Lead Cmt: 640 sx of Class C premium Poz, Blended with 5% Bentonite, 5.25# sx salt, 1.25% C-45, 5# sx Kol Seal, 0.25% C-503P, Mixed @ 12.4 ppg, 2.29 yld ft3, 12.63 gal FW/sx. Pumped @ 6.5 bbls min @ 200 psi for a 261 bbl slurry, Tail Cmt: 335 sx of Class C premium Poz, Blended with C-45 0.10%, Cal Chloride 2%, Mixed @ 14.8 ppg, 1.34 yld ft3, 6.35 gal FW/SX. Pumped at 6.5 bbls min @ 260 psi for a 80 bbls slurry. Shut down and drop plug, Displace hole with 190 bbls of FW @ 6 bbls min, slowing to 2 bbls min the last 10 bbls, Pump pressure was 550 psi before bumping plug, Bump plug @ 1,100 psi., Held for 5 min, bleed off pressure floats holding good. We got back 95 bbls of cmt ot surface. Bump plug @ 11:00 PM NM Time 06/15/2018.

Spud Date: 6/12/2018

Rig Release Date: _____

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Denise Jones TITLE Regulatory Analyst DATE 6-18-18

Type or print name Denise Jones E-mail address: djones@cambrion PHONE: 432-620-9181
mgmt.com

APPROVED BY: Maley Brown TITLE AO/I DATE 8/2/2018
 Conditions of Approval (if any) _____