

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

HOBBS OCD  
 RECEIVED  
 AUG 07 2018

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		WELL API NO. 30-025-44386 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> State Oil & Gas Lease No.
2. Name of Operator Goodnight Midstream Permian, LLC		7. Lease Name or Unit Agreement Name Ted 28 SWD
3. Address of Operator 5910 North Central Expressway, Suite 580, Dallas, TX 75206		8. Well Number 001
4. Well Location Unit Letter <u>F</u> : <u>2402</u> feet from the <u>North</u> line and <u>1911</u> feet from the <u>West</u> line Section <u>28</u> Township <u>21 S</u> Range <u>36 E</u> NMPM Lea County		9. OGRID Number 372311
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3606' GL		10. Pool name or Wildcat SWD;Grayburg-San Andres-Glorieta

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"/>	
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.

8/02/2018 - Cement casing as follows: 8 7/4

Run 152 jts 7" LTC J-55 and 3 jts L-80 26#. 6500' set at 6425' with 8' pup jt. DVT/ECP set 3966.32. DVT set at 1799.46. Circulate and RD Csg Crew, LD Machine and CRT. PJSM w/ Compass Cement Crew.

Rig up Compass Cement Crew.

Cement 1st stage as follow; Test lines to 4000 psi, Pump 20 bbl gel spacer, pump 200 bbl FW spacer. Lead with 150 sx 85:15 Class C Poz w/4% Bentonite, 2.84#/ sk salt, 0.10% C-51, 0.50% C-45, 6% STE, 0.20% Citric Acid, 0.20% C-47B, 0.30% C-503P, 4#/sk CTB-15 LCM. 2.13 yld, 12.8 ppg, 11.46 gal/sk FW. Tail in w/ 110 sx Class C w/ 0.10% C-45, 0.05% Citric Acid, 0.20% C-47B, 1.33 yld, 14.8 ppg, 6.33 gal/sk FW. Displace w/ 110 bbl FW and 137 bbl mud. Bump Plug 500 psi over. Floats held. Set packer. Open DV Tool. Circ 26 sx to pits. Circulate with rig pump

Cement 2 st stage as follow; Lead ( 60 sx ) @ 11# Yield = 3.08 Gal/Sk = 18.78 , #2 Lead ( 700 sks ) @ 12.8 # Yield = 2.13 Gal/Sk = 11.46 , Slow rate to 3 BPM , Cement @ Shoe , Pump ^Tail @ 14.8# Yield = 1.33 Gal/sk = 6.33 ( 100 sks ) Shut down / Drop Plug , pump Disp. 152 bbls , 90 bbls F/W , 62 bbls mud 9.8 #

(CIRC. 110 BBL OF CEMENT TO SURFACE FULL RETURNS ) BUMP PLUG F/ 1000 TO 2500 PSI , OK Bleed off , 2 bbl back, Drop Bomb Circulate w( 69 SPM W/ 213 PSI ) Good Returns.

Spud Date: 7/22/2018

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 8/3/18  
 Type or print name Denise Jones E-mail address: djones@cambranmngmt.com PHONE: 432-680-918  
**For State Use Only**  
 APPROVED BY: Maley Brown TITLE AO/E DATE 8/8/2018  
 Conditions of Approval (if any): \_\_\_\_\_