

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

Form C-101
Revised July 18, 2013

Energy Minerals and Natural Resources

Oil Conservation Division

1220 South St. Francis Dr.

Santa Fe, NM 87505

AMENDED REPORT

HOBBS OCD
NOV 20 2018
RECEIVED

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

¹ Operator Name and Address Solaris Water Midstream, LLC 907 Tradewinds Blvd, Suite B Midland, TX 79706		² OGRID Number 371643
⁴ Property Code 322-891	³ Property Name Mr Belding State SWD	⁵ API Number 30-023-45363
		⁶ Well No. 1

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
D	22	25S	34E		435	North	205	West	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; Devonian - SILURIAN	Pool Code 97869
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Additional Well Information

¹¹ Work Type N	¹² Well Type S	¹³ Cable/Rotary R	¹⁴ Lease Type S	¹⁵ Ground Level Elevation 3412'
¹⁶ Multiple N	¹⁷ Proposed Depth 18,691'	¹⁸ Formation Devonian	¹⁹ Contractor TBD	²⁰ Spud Date Upon Approval
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

XX 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
Surf	26"	20"	94#	951'	2213	Surf
1 st Int	17.5"	13.375"	72#	6504'	4037	Surf
2nd Int	12.25"	9.625"	47#	14192'	2547	Surf
Liner	8.5"	7.625"	39#	13992' - 17115'	140	13,992' TOL

Casing/Cement Program: Additional Comments

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22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Hydraulic/Blinds, Pipe	10,000 (10M)	10,000	Shaffer or Equivalent

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 <input type="checkbox"/> , if applicable. Signature: <i>Bonnie Atwater</i> Printed name: Bonnie Atwater Title: Regulatory Tech E-mail Address: bonnie.atwater@solarismidstream.com Date: 11/15/18	OIL CONSERVATION DIVISION	
	Approved By: <i>[Signature]</i>	
	Title: <i>[Signature]</i>	
	Approved Date: 11/24/18	Expiration Date: 11/24/20
	Conditions of Approval Attached	

See Attached

Conditions of Approval

CONDITIONS OF APPROVAL

API #	Operator	Well name & Number
30-025-45363	SOLARIS WATER MIDSTREAM	MR BELDING STATE SWD # 001

Applicable conditions of approval marked with XXXXXX

Administrative Orders Required

XXXXXXX	Review administrative order when approved for additional conditions of approval

Other wells

Casing

XXXXXXX	SURFACE, INTERMEDIATE(1) & PRODUCTION CASING - Cement must circulate to surface -- Liner(1) Cement come to top of liner
XXXXXXX	Surface casing must be set 25' below top of Rustler Anhydrite in order to seal off protectable water

Lost Circulation

XXXXXXX	Must notify OCD Hobbs Office if lost circulation is encountered at 575-370-3186

Water flows

XXXXXXX	Must notify OCD Hobbs Office of any water flow in the Salado formation at 575-370-3186. Report depth and flow rate.

Stage Tool

XXXXXXX	Must notify OCD Hobbs Office prior to running Stage Tool at 575-370-3186
XXXXXXX	If using Stage Tool on Surface casing, Stage Tool must be greater than 350' and a minimum 200 feet above surface shoe.
XXXXXXX	When using a Stage Tool on Intermediate or Production Casing Stage must be a minimum of 50 feet below previous casing shoe.

Completion & Production

XXXXXXX	Will require a deviational survey with the C-105
XXXXXXX	Must notify Hobbs OCD office prior to conducting MIT (575) 393-6161 ext. 114
XXXXXXX	May not inject prior to SWD order approval
XXXXXXX	Must conduct & pass MIT prior to any injection