

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. 30-025-44273 |
| 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 Zeus SWD |
| 8. Well Number 1 |
| 9. OGRID Number 371643 |
| 10. Pool name or Wildcat |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3659' GR |

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
Solaris Water Midstream, LLC

3. Address of Operator
907 Tradewinds Blvd, Suite B, Midland, TX 79706

4. Well Location
 Unit Letter P : 199 feet from the South line and 335 feet from the East line
 Section 35 Township 21S Range 32E 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 type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: MIT Test <input checked="" type="checkbox"/> | X |

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.

On 12/17/18 an MIT test was run on the Zeus SWD #1. Tested for 32 min starting @ 545# and ending @ 540#. Test was witnessed by Gary Robinson with the OCD. Chart & Bradenhead Test Report is attached.

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 Bonnie Atwater TITLE Regulatory Tech DATE 12/19/18

Type or print name Bonnie Atwater E-mail address: bonnie.atwater@solarismidstream.com PHONE: 432-203-9020

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Supervisor DATE 12/27/18
 Conditions of Approval (if any):

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

| | |
|---|-----------------------------------|
| Operator Name Solaris Water Midstream | API Number 30-025-44273 |
| Property Name ZUES SWD | Well No. #1 |

| Surface Location | | | | | | | | | |
|----------------------|----------------------|------------------------|---------------------|-------------------------|----------------------|-------------------------|----------------------|----------------------|--|
| UL - Lot P | Section 35 | Township 21S | Range 32E | Feet from 199 | N/S Line S | Feet From 335 | E/W Line E | County Lea | |

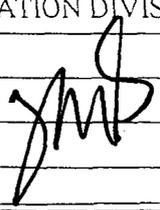
| Well Status | | | | | | | | | |
|--|--|--|-----------------------------|--|---|--|------------------------------|-------------------------|--|
| TA'D WELL <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | SHUT-IN <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | INJECTOR <input type="checkbox"/> INJ | <input checked="" type="checkbox"/> SWD | PRODUCER <input type="checkbox"/> OIL | <input type="checkbox"/> GAS | DATE 12-17-18 | |

OBSERVED DATA

| | (A)Surface | (B)Interm(1) | (C)Interm(2) | (D)Prod Csg | (E)Tubing |
|----------------------|------------|--------------|--------------|--|---|
| Pressure | N/A | N/A | N/A | 0 | 0 |
| Flow Characteristics | | | | | |
| Pull | Y/N | Y/N | Y/N | Y/ <input checked="" type="checkbox"/> | CO2 <input type="checkbox"/> |
| Steady Flow | Y/N | Y/N | Y/N | Y/ <input checked="" type="checkbox"/> | WTR <input checked="" type="checkbox"/> |
| Surges | Y/N | Y/N | Y/N | Y/ <input checked="" type="checkbox"/> | GAS <input type="checkbox"/> |
| Down to nothing | Y/N | Y/N | Y/N | <input checked="" type="checkbox"/> N | Type of Field |
| Gas or Oil | Y/N | Y/N | Y/N | Y/ <input checked="" type="checkbox"/> | Injected for |
| Water | Y/N | Y/N | Y/N | Y/ <input checked="" type="checkbox"/> | Waterflood if |
| | | | | | applies |

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Initial TEST

| | |
|-------------------------------|---|
| Signature: | OIL CONSERVATION DIVISION |
| Printed name: | Entered into RBDMS |
| Title: | Re-test |
| E-mail Address: |  |
| Date: | |
| Phone: | |
| Witness: Gary Robinson | |