Submit 1 Copy To Appropriate District Office	State of New Me			Form C	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natu	ral Resources	WELL API NO	Revised July 11	3, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OII CONSERVATION	DISION	30-025-45427		
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION OF SION 1220 South St. Facis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	75.05 All		STATE FEE 6. State Oil & Gas Lease No.		
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	AON O	07.70	6. State Off &	Gas Lease No.	
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	CAFE	7. Lease Name	or Unit Agreement N	ame
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG FACE TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) TO CH			Sidewinder SWD		
1. Type of Well: Oil Well Gas Well Other SWD			8. Well Number 1		
2. Name of Operator NGL Water Solutions Permian, LLC			9. OGRID Number 372338		
3. Address of Operator 1509 W Wall St, suite 306, Midland, TX 79701			10. Pool name or Wildcat SWD Devonian		
4. Well Location	1756 North	18	_	East	
Omi Letter;	feet from the	line and		rom the	_line
Section 15	Township 25S Ra 11. Elevation (Show whether DR,	inge 34E	NMPM	County Lea	
	3330 GR				
12. Check	Appropriate Box to Indicate N	ature of Notice,	Report or Othe	er Data	
NOTICE OF IN	ITENTION TO:	l SUB:	SEQUENT R	EPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR					
EMPORARILY ABANDON			P AND A		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	JOB 🗆		
CLOSED-LOOP SYSTEM					
OTHER:		OTHER: Acid Job			
	eted operations. (Clearly state all perk). SEE RULE 19.15.7.14 NMAC. ompletion.				d date
Please find attached the brea	kdown for the Acid Job Performed o	on 7/28/19 thru 7/31	/19		
-					
-	•				
<u> </u>	··		· · · · · · · · · · · · · · · · · · ·		
Spud Date: 1/31/19	Rig Release Da	te: 4/3/19			
I hereby certify that the information	above is true and complete to the be	est of my knowledge	and helief	······································	
Thereby certify that the anomiation					
SIGNATURE VOICE	Manage TITLE	r Regulatory Compliance		DATE 7/31/19	
Type or print name	E-mail address	Sarah.Jordan@nglep	.com .	PHONE: 12-685	0005
For State Use Only	<u></u>	nlar	Carineet		/
APPROVED BY:	TITLE	Petroier		DATE OSGOV	19
Conditions of Approval (if any):					/

Sidewinder SWD #1 7/28/19
Spot 4 - Acid tanks and 4 - frac tanks Fill Frac tanks.

7/29/19

Spot in and rig up Acidizing crew.

7/30/19

Continue rigging up acid crew, Load acid tanks,
Pump 180 bbls of water at 40 BPM and 1,750 psi
Pump acid 60,000 gals of 20% HCl total (30,000 gallons Non-gelled acid, and 30,000 gals gelled acid)

5,000 gals 20% HCl non-gelled 10,000 gals 20% HCl Gelled 10,000 gals 20% HCl non-gelled 10,000 gals 20% HCl Gelled 10,000 gals 20% HCl non-gelled 10,000 gals 20% HCl non-gelled 5,000 gals 20% HCl non-gelled Flushed with 1,846 bbls water Acid ave rate = 20 bpm Acid Max Rate = 28 bpm

Acid ave pressure = 3,450 psi Acid Max Pressure = 3,560 psi Flush Rate = 40 bpm Flush pressure = 3,350 psi.

ISIP = 1240 psi 5 Min = 917 psi 10 Min = 755 psi 15 min = 649 psi 60 min = 304 psi.

Acid Non-Gelled contained

Acid inhibitor Iron Control Surfactant

Acid Gelled contained

Acid inhibitor Iron Control Surfactant Gelling agent

7/31/19

Return to injection.