

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 87420
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

HOBBS OIL CONSERVATION DIVISION
20 South St. Francis Dr.
Santa Fe, NM 87505
NOV 04 2019
RECEIVED

WELL API NO. 30-025-46398
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 326120
7. Lease Name or Unit Agreement Name Scully State SWD
8. Well Number 001
9. OGRID Number 372311
10. Pool name or Wildcat SWD; San Andres

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 X - SWD

2. Name of Operator
Goodnight Midstream Permian, LLC

3. Address of Operator
5910 N Central Expressway, Suite 850, Dallas, TX 75206

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3589

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 checked="" 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: <u>Revise csg plan</u> <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.

We propose to change the original planned casing to the following:

Type	Hole Size	Csg Size	Csg wt/ft	Setting Depth	Sx of cement	Est TOC
Surface	17 1/2	13 3/8	54.50#	1560	1640 C	Surface
Production	12 1/4	9 5/8	40#	5850	2000 C	Surface
Tubing		7	26#	4430	NA	NA

The conductor pipe for this will be 20" in a 26" hole to 120' and the BOP used after the 13 3/8" casing is run will be a 13 5/8" - 5M.

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 Denise Jones TITLE Regulatory Analyst DATE 10-29-19

Type or print name Denise Jones E-mail address: djones@cambrianmgmt.com PHONE: 432-620-9181
For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 11/10/19
Conditions of Approval (if any):