

Santa Fe Main Office  
Phone: (505) 476-3441  
General Information  
Phone: (505) 629-6116

Online Phone Directory Visit:  
<https://www.emnrd.nm.gov/ocd/contact-us/>

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.	30-025-41581
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Mogi 9 State Com	
8. Well Number	5H
9. OGRID Number	333010
10. Pool name or Wildcat Triple X, Bone Spring, West	

**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 ☐

2. Name of Operator  
Jonah Energy LLC

3. Address of Operator  
370 17th Street, Suite 2900, Denver Colorado 80211

4. Well Location  
Unit Letter N : 200 feet from the south line and 1725 feet from the west line  
Section 9 Township 24S Range 33E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3808 GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: surface commingling <input checked="" 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.

Jonah Energy requests that the Mogi #9 State Com Well 5H be added to commingling order no. PLC802. The well will be commingled at the Poseidon CTB (Facility ID: fAPP2126032846) located in Unit Letter O (aka SWSE) of Section 09 24S 33E. Oil, gas, and water production will be allocated using the method approved in said order.

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 Jared Rush TITLE Senior Land Negotiator DATE 11/12/25

Type or print name Jared Rush E-mail address: jared.rush@jonahenergy.com PHONE: 720 577 1232

**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Specialist DATE 11/24/2025

Conditions of Approval (if any):

Santa Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116  Online Phone Directory Visit: <a href="https://www.emnrd.nm.gov/ocd/contact-us/">https://www.emnrd.nm.gov/ocd/contact-us/</a>	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	C-102 Revised July 9, 2024 Submit Electronically via OCD Permitting	
		Submittal Type:	<input type="checkbox"/> Initial Submittal
			<input checked="" type="checkbox"/> Amended Report
			<input type="checkbox"/> As Drilled

WELL LOCATION INFORMATION

API Number 30-025-41581	Pool Code 96674	Pool Name TRIPLE X; BONE SPRING, WEST
Property Code 39680	Property Name MOGI 9 STATE COM	Well Number 5H
OGRID No. 15363	Operator Name JONAH ENERGY LLC	Ground Level Elevation 3608
Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal

Surface Location

UL N	Section 9	Township 24S	Range 33E	Lot N	Ft. from N/S 200 FSL	Ft. from E/W 1725 FWL	Latitude 32.225482	Longitude -103.580207	County LEA
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Bottom Hole Location

UL C	Section 9	Township 24S	Range 33E	Lot C	Ft. from N/S 330 FNL	Ft. from E/W 1680 FWL	Latitude 32.238737	Longitude -103.580293	County LEA
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Dedicated Acres 160	Infill or Defining Well	Defining Well API	Overlapping Spacing Unit (Y/N)	Consolidation Code
Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL N	Section 9	Township 24S	Range 33E	Lot N	Ft. from N/S	Ft. from E/W	Latitude 32.225820	Longitude -103.580223	County LEA
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First Take Point (FTP)

UL N	Section 9	Township 24S	Range 33E	Lot N	Ft. from N/S 493 FSL	Ft. from E/W 1722 FWL	Latitude 32.226251	Longitude -103.580214	County LEA
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Last Take Point (LTP)


UL C	Section 9	Township 24S	Range 33E	Lot C	Ft. from N/S 4903 FSL	Ft. from E/W 1674 FWL	Latitude 32.238389	Longitude -103.580270	County LEA
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Unitized Area or Area of Uniform Interest	Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation:
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OPERATOR CERTIFICATIONS

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.

 11/12/25  
Signature Date

Jared Rush

Printed Name

jared.rush@jonahenergy.co

Email Address

SURVEYOR CERTIFICATIONS

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Signature and Seal of Professional Surveyor

Certificate Number

Date of Survey

Note: No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

ACREAGE DEDICATION PLATS

This grid represents a standard section. You may superimpose a non-standard section, or larger area, over this grid. Operators must outline the dedicated acreage in a red box, clearly show the well surface location and bottom hole location, if it is directionally drilled, with the dimensions from the section lines in the cardinal directions. If this is a horizontal wellbore show on this plat the location of the First Take Point and Last Take Point, and the point within the Completed interval (other than the First Take Point or Last Take Point) that is closest to any outer boundary of the tract.

Surveyors shall use the latest United States government survey or dependent resurvey. Well locations will be in reference to the New Mexico Principal Meridian. If the land is not surveyed, contact the OCD Engineering Bureau. Independent subdivision surveys will not be acceptable.





District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (505) 393-6161 Fax: (505) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (505) 748-1283 Fax: (505) 748-7220  
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  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBS OCD

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office  
X AMENDED REPORT

APR 25 2014

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number <b>30-025-41581</b>		<sup>2</sup> Pool Code <b>96674</b>	<sup>3</sup> Pool Name <b>RECEIVED TRIPLE X; BONE SPRING, WEST</b>
<sup>4</sup> Property Code <b>39680</b>	<sup>5</sup> Property Name <b>MOGI 9 STATE COM</b>		<sup>6</sup> Well Number <b>5H</b>
<sup>7</sup> OGRID No. <b>15363</b>	<sup>8</sup> Operator Name <b>MURCHISON OIL &amp; GAS, INC.</b>		<sup>9</sup> Elevation <b>3607.5</b>

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>N</b>	<b>9</b>	<b>24 S</b>	<b>33 E</b>		<b>200</b>	<b>SOUTH</b>	<b>1725</b>	<b>WEST</b>	<b>LEA</b>

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>C</b>	<b>9</b>	<b>24 S</b>	<b>33 E</b>		<b>330</b>	<b>NORTH</b>	<b>1707</b>	<b>WEST</b>	<b>LEA</b>

<sup>12</sup> Dedicated Acres <b>160</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<p>S89°44'58"W 2641.47 FT</p> <p>S89°46'50"W 2641.12 FT</p> <p>1707'</p> <p>330'</p> <p>1725'</p> <p>200'</p> <p>SW CORNER SEC. 9 LAT. = 32°13'29.702"N LONG. = 103°35'08.843"W</p> <p>W/4 CORNER SEC. 9 LAT. = 32°13'55.826"N LONG. = 103°35'08.854"W</p> <p>NW CORNER SEC. 9 LAT. = 32°14'21.945"N LONG. = 103°35'08.865"W</p> <p>NE CORNER SEC. 9 LAT. = 32°14'21.792"N LONG. = 103°34'07.372"W</p> <p>E/4 CORNER SEC. 9 LAT. = 32°13'55.683"N LONG. = 103°34'07.368"W</p> <p>SE CORNER SEC. 9 LAT. = 32°13'29.565"N LONG. = 103°34'07.368"W</p> <p>S/4 CORNER SEC. 9 LAT. = 32°13'29.634"N LONG. = 103°34'38.121"W</p> <p>MOGI "9" STATE COM #5H ELEV. = 3607.5' LAT. = 32°13'31.837"N (NAD83) LONG. = 103°34'48.766"W</p> <p>NOTE: LATITUDE AND LONGITUDE COORDINATES ARE SHOWN USING THE NORTH AMERICAN DATUM OF 1983 (NAD83) IN DEGREES MINUTES DECIMAL SECONDS FORMAT. BASIS OF BEARING IS NEW MEXICO STATE PLANE EAST (NAD83) COORDINATES MODIFIED TO SURFACE.</p> <p>BOTTOM OF HOLE LAT. = 32°14'18.634"N LONG. = 103°34'49.008"W</p> <p>SURFACE LOCATION</p> <p>S00°25'11"E 2640.03 FT</p> <p>S00°25'09"E 2640.53 FT</p> <p>N00°24'52"W 2638.88 FT</p> <p>N00°24'30"W 2639.95 FT</p> <p>N89°44'57"E 2639.61 FT</p> <p>N89°44'44"E 2642.23 FT</p>		<p><b><sup>16</sup> OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order created by the division.</p> <p><i>Michael S. Daugherty</i> 4/21/14 Signature Date</p> <p><b>Michael S. Daugherty</b> Printed Name</p> <p><b>mداugherty@jdm11.com</b> E-mail Address</p> <p><b><sup>17</sup> SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>APR 17 2014 Date of Survey</p> <p><i>[Signature]</i> Signature and Seal of Professional Surveyor</p> <p>Certificate Number: <b>JEHMON F. JARAMILLO, PLS 12797</b></p> <p><b>SURVEY NO. 2426A</b></p>
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1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS

Action 529643

CONDITIONS

Operator: Jonah Energy LLC 370 17th Street Denver, CO 80202	OGRID: 333010
	Action Number: 529643
	Action Type: [IM-SD] Admin Order Support Doc (ENG) (IM-AAO)

CONDITIONS

Created By	Condition	Condition Date
sarah.clelland	Please review the content of the order to ensure you are familiar with the authorities granted and any conditions of approval. If you have any questions regarding this matter, please contact me.	11/24/2025