

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 Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 315007 WELL API NUMBER 30-025-49718 5. Indicate Type of Lease S 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name WOOL HEAD 20 STATE COM
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: O		8. Well Number 801H
2. Name of Operator ADVANCE ENERGY PARTNERS HAT MESA, LLC		9. OGRID Number 372417
3. Address of Operator 11490 Westheimer Rd. Ste 950, Houston, TX 77077		10. Pool name or Wildcat
4. Well Location Unit Letter <u>M</u> : <u>224</u> feet from the <u>S</u> line and feet <u>625</u> from the <u>W</u> line Section <u>20</u> Township <u>21S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3740 GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
Other: _____		Other: Spud <input checked="" type="checkbox"/>
SUBSEQUENT REPORT OF:		
		ALTER CASING <input type="checkbox"/>
		PLUG AND ABANDON <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
3/2/2022 Spudded well.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		
SIGNATURE	<u>Electronically Signed</u>	TITLE _____ DATE <u>4/27/2022</u>
Type or print name	<u>Eileen M Kosakowski</u>	E-mail address <u>ekosakowski@advanceenergypartners.com</u> Telephone No. <u>832-672-4604</u>
For State Use Only:		
APPROVED BY:	<u>Paul F Kautz</u>	TITLE <u>Geologist</u> DATE <u>5/20/2022</u>