

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 371026		
		WELL API NUMBER 30-025-53150		
		5. Indicate Type of Lease State		
		6. State Oil & Gas Lease No.		
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.)		7. Lease Name or Unit Agreement Name SKY DWELLER 14 STATE COM		
1. Type of Well: Oil		8. Well Number 101H		
2. Name of Operator LARIO OIL & GAS CO		9. OGRID Number 13089		
3. Address of Operator 301 S. Market St., Wichita, KS 67202		10. Pool name or Wildcat		
4. Well Location Unit Letter <u>E</u> : <u>2425</u> feet from the <u>N</u> line and feet <u>1060</u> from the <u>W</u> line Section <u>23</u> Township <u>18S</u> Range <u>34E</u> NMPM County <u>Lea</u>				
11. Elevation (Show whether DR, KB, BT, GR, etc.) 4000 GR				
Pit or Below-grade Tank Application ☐ or Closure ☐ 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 ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ Other: _____ SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTER CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐ CASING/CEMENT JOB ☐ Other: <u>Spud</u> ☒				
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. <u>7/29/2024</u> Spudded well. Spud 17-1/2" surface hole on 7/29/24.				
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 ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐ .				
SIGNATURE	Electronically Signed	TITLE	DATE	8/1/2024
Type or print name	Ryan Bruner	E-mail address	ryanb@lario.net	Telephone No.
For State Use Only:				
APPROVED BY:	Sarah K McGrath	TITLE	Petroleum Specialist - A	DATE
				8/2/2024