

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 372552
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.)		WELL API NUMBER 30-025-53015
1. Type of Well: Oil		5. Indicate Type of Lease State
2. Name of Operator Earthstone Operating, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 300 N. Marinfeld St Ste 1000, Attn: Regulatory, Midland, TX 79701		7. Lease Name or Unit Agreement Name OUTLAND 14 23 STATE COM
4. Well Location Unit Letter <u>C</u> : <u>216</u> feet from the <u>N</u> line and feet <u>1857</u> from the <u>W</u> line Section <u>14</u> Township <u>21S</u> Range <u>34E</u> NMPM County <u>Lea</u>		8. Well Number 131H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3709 GR		9. OGRID Number 331165
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: ALTER CASING ☐ PLUG AND ABANDON ☐ 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. 8/26/2024 Spudded well. 8/26/24 Spud 17-1/2 hole @ 7:15am.		
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
Type or print name	Stephanie Rabadue	E-mail address
For State Use Only:		DATE
APPROVED BY:	Sarah K McGrath	TITLE
Petroleum Specialist - A		DATE