

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 373484
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 30-015-55348
1. Type of Well: Oil		5. Indicate Type of Lease State
2. Name of Operator Avant Operating, LLC		6. State Oil & Gas Lease No.
3. Address of Operator 1515 Wynkoop Street, Suite 700, Denver, CO 80202		7. Lease Name or Unit Agreement Name LITTLE BETTY 20
4. Well Location Unit Letter <u>I</u> : <u>2622</u> feet from the <u>S</u> line and feet <u>310</u> from the <u>E</u> line Section <u>20</u> Township <u>21S</u> Range <u>28E</u> NMPM _____ County <u>Eddy</u>		8. Well Number 504H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3221 GR		9. OGRID Number 330396
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 ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐
Other: _____		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>9/15/2024</u> Spudded well. Spud 24" surface hole on 9/15/24 @12:00 AM.		
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	<u>Sarah Ferreyros</u>	E-mail address
Director of Regulatory _____		DATE
Telephone No. _____		<u>9/16/2024</u>
For State Use Only:		
APPROVED BY:	<u>Sarah K McGrath</u>	TITLE
Petroleum Specialist - A _____		DATE
_____		<u>9/17/2024</u>