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| Sante Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us | 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 384830 |
| | | WELL API NUMBER 30-025-52342 |
| | | 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.)

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| 1. Type of Well: Oil | 8. Well Number 318H |
| 2. Name of Operator MEWBOURNE OIL CO | 9. OGRID Number 14744 |
| 3. Address of Operator P.O. Box 5270, Hobbs, NM 88241 | 10. Pool name or Wildcat |

4. Well Location
 Unit Letter J : 2435 feet from the S line and feet 1550 from the E line
 Section 36 Township 21S Range 34E NMPM County Lea

11. Elevation (Show whether DR, KB, BT, GR, etc.)
 3672 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

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| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____ | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Spud <input checked="" type="checkbox"/> |
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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.

3/7/2024 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 , a general permit or an (attached) alternative OCD-approved plan .

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|--------------------|-----------------------|----------------|---------------------------|---------------|--------------|
| SIGNATURE | Electronically Signed | TITLE | Vice President Operations | DATE | 3/3/2025 |
| Type or print name | Monty Whetstone | E-mail address | fking@mewbourne.com | Telephone No. | 903-561-2900 |

For State Use Only:

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| APPROVED BY: | Keith Dziokonski | TITLE | Petroleum Specialist A | DATE | 3/10/2025 |
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