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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------|------------------|--------------------|------------------------|----------------|----------------------------|---------------|---------------------|
| Santa Fe Main Office<br>Phone: (505) 476-3441<br><br>General Information<br>Phone: (505) 629-6116<br><br>Online Phone Directory<br><a href="https://www.emnrd.nm.gov/ocd/contact-us">https://www.emnrd.nm.gov/ocd/contact-us</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br><br>Permit 386584<br><br>WELL API NUMBER<br>30-015-50175<br><br>5. Indicate Type of Lease<br>Private<br><br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>PAPA GRANDE 22 21 WOIL FEE                                                          |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                                  |      |                  |                    |                        |                |                            |               |                     |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               | 8. Well Number<br>001H                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                                  |      |                  |                    |                        |                |                            |               |                     |
| 2. Name of Operator<br>MEWBOURNE OIL CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               | 9. OGRID Number<br>14744                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                                  |      |                  |                    |                        |                |                            |               |                     |
| 3. Address of Operator<br>P.O. Box 5270, Hobbs, NM 88241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                                  |      |                  |                    |                        |                |                            |               |                     |
| 4. Well Location<br>Unit Letter <u>I</u> : <u>2440</u> feet from the <u>S</u> line and feet <u>380</u> from the <u>E</u> line<br>Section <u>22</u> Township <u>22S</u> Range <u>27E</u> NMPM County <u>Eddy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                                  |      |                  |                    |                        |                |                            |               |                     |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3105 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                                  |      |                  |                    |                        |                |                            |               |                     |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                                  |      |                  |                    |                        |                |                            |               |                     |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width: 100%;"> <tr> <td colspan="2">           NOTICE OF INTENTION TO:<br/>           PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br/>           TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br/>           PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br/>           Other: _____         </td> <td>           SUBSEQUENT REPORT OF:<br/>           REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br/>           COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br/>           CASING/CEMENT JOB <input type="checkbox"/><br/>           Other: <b>Spud</b> <input checked="" type="checkbox"/> </td> </tr> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             | NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>Other: _____ |                              | SUBSEQUENT REPORT OF:<br>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>Other: <b>Spud</b> <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.<br><br><b>3/27/2023</b> 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"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                                  |      |                  |                    |                        |                |                            |               |                     |
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| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                                                                                                                       | <u>Vice President Operations</u>                                                                                                                                                                                                                                                                                      | DATE                         | <u>3/27/2025</u>                                                                                                                                                                                                                                                                                            |                                  |      |                  |                    |                        |                |                            |               |                     |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Monty Whetstone</u>                                                                                                                                                        | E-mail address                                                                                                                                                                                                                                                                                              | <u>fking@mewbourne.com</u>                                                                                                                                                                                                                                                                                            | Telephone No.                | <u>903-561-2900</u>                                                                                                                                                                                                                                                                                         |                                  |      |                  |                    |                        |                |                            |               |                     |
| <b>For State Use Only:</b><br><br><table style="width: 100%;"> <tr> <td style="width: 20%;">APPROVED BY:</td> <td style="width: 30%;"><u>Keith Dziokonski</u></td> <td style="width: 20%;">TITLE</td> <td style="width: 20%;"><u>Petroleum Specialist A</u></td> <td style="width: 10%;">DATE</td> <td style="width: 10%;"><u>3/31/2025</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             | APPROVED BY:                                                                                                                                                                                                                                                                                                          | <u>Keith Dziokonski</u>      | TITLE                                                                                                                                                                                                                                                                                                       | <u>Petroleum Specialist A</u>    | DATE | <u>3/31/2025</u> |                    |                        |                |                            |               |                     |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Keith Dziokonski</u>                                                                                                                                                       | TITLE                                                                                                                                                                                                                                                                                                       | <u>Petroleum Specialist A</u>                                                                                                                                                                                                                                                                                         | DATE                         | <u>3/31/2025</u>                                                                                                                                                                                                                                                                                            |                                  |      |                  |                    |                        |                |                            |               |                     |