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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/oecd/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 407405 WELL API NUMBER 30-025-54553 5. Indicate Type of Lease State 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name DATE 14 STATE COM | | | |
| 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.) | | | | | |
| 1. Type of Well: Oil | | 8. Well Number 901H | | | |
| 2. Name of Operator EOG RESOURCES INC | | 9. OGRID Number 7377 | | | |
| 3. Address of Operator 5509 Champions Drive, Midland, TX 79706 | | 10. Pool name or Wildcat | | | |
| 4. Well Location Unit Letter <u>O</u> : <u>399</u> feet from the <u>S</u> line and feet <u>2023</u> from the <u>E</u> line Section <u>14</u> Township <u>21S</u> Range <u>33E</u> NMPM County <u>Lea</u> | | | | | |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3790 GR | | | | | |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> 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: _____ </td> <td style="width:50%; border: none;"> 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"/> </td> </tr> </table> | | | 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. 12/8/2025 Spudded well. 12/08/2025 30" Conductor Hole @ 121' | | | | | |
| 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"/> . | | | | | |
| SIGNATURE | <u>Electronically Signed</u> | TITTLE | <u>Senior Regulatory Administrator</u> | DATE | <u>1/16/2026</u> |
| Type or print name | <u>Kristina Agee</u> | E-mail address | <u>Kristina_agee@eogresources.com</u> | Telephone No. | <u>432-686-6996</u> |
| For State Use Only: | | | | | |
| APPROVED BY: | <u>Keith Dziokonski</u> | TITTLE | <u>Petroleum Specialist A</u> | DATE | <u>1/20/2026</u> |