

Sante Fe Main Office Phone: (505) 476-3441  General Information Phone: (505) 629-6116  Online Phone Directory <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> <b>Energy, Minerals and Natural Resources</b> <b>Oil Conservation Division</b> <b>1220 S. St Francis Dr.</b> <b>Santa Fe, NM 87505</b>	Form C-103 August 1, 2011  Permit 409248  WELL API NUMBER 30-025-55846  5. Indicate Type of Lease State  6. State Oil & Gas Lease No.
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**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 502H
2. Name of Operator Avant Operating II, LLC	9. OGRID Number 332947
3. Address of Operator 1515 Wynkoop Street, Suite 700, Denver, CO 80202	10. Pool name or Wildcat

4. Well Location  
 Unit Letter M : 479 feet from the S line and feet 999 from the W line  
 Section 16 Township 20S Range 34E NMPM \_\_\_\_\_ County Lea

11. Elevation (Show whether DR, KB, BT, GR, etc.)  
 3639 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

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: <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.

**2/14/2026** Spudded well.  
 Spud 14-3/4 surface hole on 2/14/2026 @ 7:30 PM.

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	<u>Electronically Signed</u>	TITLE	<u>Director of Regulatory</u>	DATE	<u>2/17/2026</u>
Type or print name	<u>Sarah Ferreyros</u>	E-mail address	<u>sarah@avantnr.com</u>	Telephone No.	<u>720-854-9020</u>

**For State Use Only:**

APPROVED BY:	<u>Keith Dziokonski</u>	TITLE	<u>Senior Petroleum Specialist</u>	DATE	<u>2/23/2026</u>
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