

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 358619 WELL API NUMBER 30-015-49494 5. Indicate Type of Lease Private 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name SHUDEDE 27					
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 201H					
2. Name of Operator Silverback Operating II, LLC		9. OGRID Number 330968					
3. Address of Operator 29 E Reno Ave STE 500, Suite 206, Oklahoma City, OK 73104		10. Pool name or Wildcat					
4. Well Location Unit Letter <u>D</u> : <u>970</u> feet from the <u>N</u> line and feet <u>435</u> from the <u>W</u> line Section <u>26</u> Township <u>18S</u> Range <u>26E</u> NMPM _____ County <u>Eddy</u>							
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3313 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: Perforations/Tubing <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: Perforations/Tubing <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. PRESSURE TEST @ 8,000 PSI 7/30/2022 PERFORM SAND PERFORATION AT 9,161-9131' 7/30/2022-8/14/2022 Perforate from 4097'-9161', 25 stages, 6.0 shots/ft Slickwater: Volume 288929; Proppant sand: 9,334,427 lb PBTD tagged @ 9166' 2 7/8 EUE tubing @ 3621' TEST PRODUCTION TREE WELL SHUT IN TURNED OVER TO PRODUCTION See Attached							
Perforations							
Pool: ATOKA; GLORIETA-YESO , 3250 Location: D -27-18S-26E 660 N 100 W							
TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
4097	9161		6	0.42	Sand	Frac	9334427
4097	9161		6	0.42	SlickWater	Frac	288929
4097	9161		6	0.42		Acid	1166
Tubing							
ATOKA;GLORIETA-YESO , 3250							
Tubing Size	Type	Depth Set	Packer Set				
2.875	L-80	3621	0				
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	Electronically Signed	TITLE	Chief Financial Officer	DATE	8/12/2024		
Type or print name	Matthew Alley	E-mail address	malley@silverbackexp.com	Telephone No.	303-513-0990		
For State Use Only:							
APPROVED BY:	Patricia L Martinez	TITLE	SENIOR PETROLEUM SPECIALIST	DATE	3/25/2026 8:54:02 AM		