Office Apply Post Apply Plate Bister 38 AM	State of New Mexico	Form C-103 ¹ of 2
<u>District I</u> – (575) 393-6161 En 1625 N. French Dr., Hobbs, NM 88240	ergy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II (575) 749 1292	IL CONSERVATION DIVISION	30-015-53283
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ✓
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTICES AN	D REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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		Krauss 22 C
PROPOSALS.)		8. Well Number 103H
1. Type of Well: Oil Well ✓ Gas Well ◯ Other 2. Name of Operator SILVERBACK OPERATING II, LLC		9. OGRID Number
		330968 10. Pool name or Wildcat
3. Address of Operator 1001 W. Wilshire Blvd, Suite 206 Oklahoma City, OK 73112		[3250] ATOKA; GLORIETA-YESO
4. Well Location	11 73112	
Unit LetterI:2246feet	from theSouth line and158	feet from theEastline
	rnship 18S Range 26E	NMPM County Eddy
11. Ele	evation (Show whether DR, RKB, RT, GR, et 3316	tc.)
12. Check Appropri	riate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTENTI	ON TO:	BSEQUENT REPORT OF:
	AND ABANDON ☐ REMEDIAL WO	
		RILLING OPNS. P AND A
	PLE COMPL CASING/CEME	NT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER: APD	extension 📈 OTHER:	П
13. Describe proposed or completed ope	erations. (Clearly state all pertinent details, a	and give pertinent dates, including estimated date
of starting any proposed work). SEI proposed completion or recompletio	E RULE 19.15.7.14 NMAC. For Multiple C	Completions: Attach wellbore diagram of
proposed completion of recompletio	11.	
Silverback Operating II. LL	C would like to request an extens	ion of the APD approval for the
subject well.	•	с. и и д брргозантог илс
,		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is	true and complete to the best of my knowled	dge and belief
Thereby certify that the information above is	true and complete to the best of my knowled	age and benefi.
SIGNATURE Fatma Abdalla	K TITLE Regulatory Manager	_{DATE} 01/02/2025
SIGNATURE / WYNW XYUWWEW	111 LE_Regulatory Manager	DATE_
Type or print name <u>Fatma Abdallah</u>	E-mail address: <u>fabdallah@sil</u>	verbackexp.com PHONE: (210) 585-3316
For State Use Only		
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		

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

CONDITIONS

Action 415693

CONDITIONS

Operator:	OGRID:
Silverback Operating II, LLC	330968
1001 W. Wilshire Blvd	Action Number:
Oklahoma City, OK 73112	415693
	Action Type:
	[C-103] NOI APD Extension (C-103B)

CONDITIONS

Created By		Condition Date
smcgrath	All original COAs apply.	1/3/2025