

|                                   |                                                                      |                                   |
|-----------------------------------|----------------------------------------------------------------------|-----------------------------------|
| Well Name: POKER LAKE UNIT 19 DTD | Well Location: T24S / R30E / SEC 19 / NWNW / 32.206801 / -103.928408 | County or Parish/State: EDDY / NM |
| Well Number: 110H                 | Type of Well: OIL WELL                                               | Allottee or Tribe Name:           |
| Lease Number: NMNM02860           | Unit or CA Name: POKER LAKE UNIT                                     | Unit or CA Number: NMNM71016X     |
| US Well Number: 3001553760        | Operator: XTO PERMIAN OPERATING LLC                                  |                                   |

Notice of Intent

Sundry ID: 2844912

|                                                |                              |
|------------------------------------------------|------------------------------|
| Type of Submission: Notice of Intent           | Type of Action: APD Change   |
| Date Sundry Submitted: 04/01/2025              | Time Sundry Submitted: 02:32 |
| Date proposed operation will begin: 04/01/2025 |                              |

Procedure Description: XTO Permian Operating LLC respectfully submits a C-102 on new required form for record with effective date 9/1/24. No new surface disturbance.

NOI Attachments

Procedure Description

POKER\_LAKE\_UNIT\_19\_DTD\_110H\_C\_102\_FINAL\_AMENDED\_03\_24\_2025\_20250401143149.pdf

Received by OCD: 4/11/2025 2:33:22 PM

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|                                   |                                                                      |                                   |
|-----------------------------------|----------------------------------------------------------------------|-----------------------------------|
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| Well Number: 110H                 | Type of Well: OIL WELL                                               | Allottee or Tribe Name:           |
| Lease Number: NMNM02860           | Unit or CA Name: POKER LAKE UNIT                                     | Unit or CA Number: NMNM71016X     |
| US Well Number: 3001553760        | Operator: XTO PERMIAN OPERATING LLC                                  |                                   |

Operator

I certify that the foregoing is true and correct. Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. Electronic submission of Sundry Notices through this system satisfies regulations requiring a

|                                               |                                  |
|-----------------------------------------------|----------------------------------|
| Operator Electronic Signature: LACEY GRANILLO | Signed on: APR 01, 2025 02:32 PM |
| Name: XTO PERMIAN OPERATING LLC               |                                  |
| Title: Regulatory Analyst                     |                                  |
| Street Address: 6401 HOLIDAY HILL ROAD        |                                  |
| City: MIDLAND                                 | State: TX                        |
| Phone: (432) 894-0057                         |                                  |
| Email address: LACEY.GRANILLO@EXXONMOBIL.COM  |                                  |

Field

|                      |        |      |
|----------------------|--------|------|
| Representative Name: |        |      |
| Street Address:      |        |      |
| City:                | State: | Zip: |
| Phone:               |        |      |
| Email address:       |        |      |

BLM Point of Contact

|                                                |                                        |
|------------------------------------------------|----------------------------------------|
| BLM POC Name: MARIAH HUGHES                    | BLM POC Title: Land Law Examiner       |
| BLM POC Phone: 5752345972                      | BLM POC Email Address: mhughes@blm.gov |
| Disposition: Approved                          | Disposition Date: 04/11/2025           |
| Signature: Cody Layton Assistant Field Manager |                                        |

|                                                                                                                                                                              |                                                                          |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------|
| Form 3160-5<br>(June 2019)                                                                                                                                                   | UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT | FORM APPROVED<br>OMB No. 1004-0137<br>Expires: October 31, 2021 |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><i>Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.</i> |                                                                          | 5. Lease Serial No. NMNM02860                                   |
|                                                                                                                                                                              |                                                                          | 6. If Indian, Allottee or Tribe Name                            |

|                                                                                                                                  |                                                     |                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------|
| SUBMIT IN TRIPLICATE - Other instructions on page 2                                                                              |                                                     | 7. If Unit of CA/Agreement, Name and/or No.<br>POKER LAKE UNIT/NMNM71016X |
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 8. Well Name and No.<br>POKER LAKE UNIT 19 DTD/110H |                                                                           |
| 2. Name of Operator<br>XTO PERMIAN OPERATING LLC                                                                                 | 9. API Well No. 3001553760                          |                                                                           |
| 3a. Address 6401 HOLIDAY HILL ROAD BLDG 5, MIDLAND,                                                                              | 3b. Phone No. (include area code)<br>(432) 683-2277 | 10. Field and Pool or Exploratory Area<br>PURPLE SAGE/BS (ASSOC)          |
| 4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description)<br>SEC 19/T24S/R30E/NMP                                     |                                                     | 11. Country or Parish, State<br>EDDY/NM                                   |

|                                                                                      |                                                  |                                               |                                                    |                                         |
|--------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|----------------------------------------------------|-----------------------------------------|
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA |                                                  |                                               |                                                    |                                         |
| TYPE OF SUBMISSION                                                                   | TYPE OF ACTION                                   |                                               |                                                    |                                         |
| <input checked="" type="checkbox"/> Notice of Intent                                 | <input type="checkbox"/> Acidize                 | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Subsequent Report                                           | <input type="checkbox"/> Alter Casing            | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice                                    | <input type="checkbox"/> Casing Repair           | <input type="checkbox"/> New Construction     | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other          |
|                                                                                      | <input checked="" type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon     | <input type="checkbox"/> Temporarily Abandon       |                                         |
|                                                                                      | <input type="checkbox"/> Convert to Injection    | <input type="checkbox"/> Plug Back            | <input type="checkbox"/> Water Disposal            |                                         |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be perfonned or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has detennined that the site is ready for final inspection.)

XTO Permian Operating LLC respectfully submits a C-102 on new required form for record with effective date 9/1/24. No new surface disturbance.

|                                                                                                                          |                             |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)<br>LACEY GRANILLO / Ph: (432) 894-0057 | Title<br>Regulatory Analyst |
| Signature (Electronic Submission)                                                                                        | Date<br>04/01/2025          |

|                                                                                                                                                                                                                                                           |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|
| THE SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                 |                            |                    |
| Approved by<br>MARIAH HUGHES / Ph: (575) 234-5972 / Approved                                                                                                                                                                                              | Title<br>Land Law Examiner | Date<br>04/11/2025 |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. | Office<br>CARLSBAD         |                    |

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

## GENERAL INSTRUCTIONS

This form is designed for submitting proposals to perform certain well operations and reports of such operations when completed as indicated on Federal and Indian lands pursuant to applicable Federal law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local area or regional procedures and practices, are either shown below, will be issued by or may be obtained from the local Federal office.

## SPECIFIC INSTRUCTIONS

*Item 4* - Locations on Federal or Indian land should be described in accordance with Federal requirements. Consult the local Federal office for specific instructions.

*Item 13*: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by the local Federal office. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to the top of any tubing left in the hole; method of closing top of well and date well site conditioned for final inspection looking for approval of the abandonment. If the proposal will involve **hydraulic fracturing operations**, you must comply with 43 CFR 3162.3-3, including providing information about the protection of usable water. Operators should provide the best available information about all formations containing water and their depths. This information could include data and interpretation of resistivity logs run on nearby wells. Information may also be obtained from state or tribal regulatory agencies and from local BLM offices.

## NOTICES

The privacy Act of 1974 and the regulation in 43 CFR 2.48(d) provide that you be furnished the following information in connection with information required by this application.

AUTHORITY: 30 U.S.C. 181 et seq., 351 et seq., 25 U.S.C. 396; 43 CFR 3160.

PRINCIPAL PURPOSE: The information is used to: (1) Evaluate, when appropriate, approve applications, and report completion of subsequent well operations, on a Federal or Indian lease; and (2) document for administrative use, information for the management, disposal and use of National Resource lands and resources, such as: (a) evaluating the equipment and procedures to be used during a proposed subsequent well operation and reviewing the completed well operations for compliance with the approved plan; (b) requesting and granting approval to perform those actions covered by 43 CFR 3162.3-2, 3162.3-3, and 3162.3-4; (c) reporting the beginning or resumption of production, as required by 43 CFR 3162.4-1(c) and (d) analyzing future applications to drill or modify operations in light of data obtained and methods used.

ROUTINE USES: Information from the record and/or the record will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions in connection with congressional inquiries or to consumer reporting agencies to facilitate collection of debts owed the Government.

EFFECT OF NOT PROVIDING THE INFORMATION: Filing of this notice and report and disclosure of the information is mandatory for those subsequent well operations specified in 43 CFR 3162.3-2, 3162.3-3, 3162.3-4.

The Paperwork Reduction Act of 1995 requires us to inform you that:

The BLM collects this information to evaluate proposed and/or completed subsequent well operations on Federal or Indian oil and gas leases.

Response to this request is mandatory.

The BLM would like you to know that you do not have to respond to this or any other Federal agency-sponsored information collection unless it displays a currently valid OMB control number.

**BURDEN HOURS STATEMENT:** Public reporting burden for this form is estimated to average 8 hours per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to U.S. Department of the Interior, Bureau of Land Management (1004-0137), Bureau Information Collection Clearance Officer (WO-630), 1849 C St., N.W., Mail Stop 401 LS, Washington, D.C. 20240

## Additional Information

### Location of Well

0. SHL: NWNW / 1159 FNL / 829 FWL / TWSP: 24S / RANGE: 30E / SECTION: 19 / LAT: 32.206801 / LONG: -103.928408 ( TVD: 0 feet, MD: 0 feet )

PPP: SWSW / 100 FSL / 521 FWL / TWSP: 24S / RANGE: 30E / SECTION: 18 / LAT: 32.210472 / LONG: -103.927347 ( TVD: 9850 feet, MD: 10300 feet )

BHL: SWSW / 230 FNL / 521 FWL / TWSP: 24S / RANGE: 30E / SECTION: 31 / LAT: 32.167228 / LONG: -103.927774 ( TVD: 9850 feet, MD: 25940 feet )

|                                                                                                                                                                                                                                       |                                                                                                               |                                                                              |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------|
| Santa Fe Main Office<br>Phone: (505) 476-3441<br>General Information<br>Phone: (505) 629-6116<br><br>Online Phone Directory Visit:<br><a href="https://www.emnrd.nm.gov/ocd/contact-us/">https://www.emnrd.nm.gov/ocd/contact-us/</a> | State of New Mexico<br>Energy, Minerals & Natural Resources<br>Department<br><b>OIL CONSERVATION DIVISION</b> | C-102<br>Revised July 9, 2024<br>Submit Electronically<br>via OCD Permitting |                                                    |
|                                                                                                                                                                                                                                       |                                                                                                               | Submittal<br>Type:                                                           | <input type="checkbox"/> Initial Submittal         |
|                                                                                                                                                                                                                                       |                                                                                                               |                                                                              | <input checked="" type="checkbox"/> Amended Report |
|                                                                                                                                                                                                                                       |                                                                                                               | <input type="checkbox"/> As Drilled                                          |                                                    |

WELL LOCATION INFORMATION

|                                                                                                                                                        |                                                     |                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| API Number<br><b>30-015-53760</b>                                                                                                                      | Pool Code<br><b>98220</b>                           | Pool Name<br><b>PURPLE SAGE; WOLFCAMP (GAS)</b>                                                                                                        |
| Property Code                                                                                                                                          | Property Name<br><b>POKER LAKE UNIT 19 DTD</b>      | Well Number<br><b>110H</b>                                                                                                                             |
| OGRID No.<br><b>373075</b>                                                                                                                             | Operator Name<br><b>XTO PERMIAN OPERATING, LLC.</b> | Ground Level Elevation<br><b>3146'</b>                                                                                                                 |
| Surface Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal |                                                     | Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal |

Surface Location

|    |                      |                        |                     |                 |                                  |                                |                              |                                 |                       |
|----|----------------------|------------------------|---------------------|-----------------|----------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|
| UL | Section<br><b>19</b> | Township<br><b>24S</b> | Range<br><b>30E</b> | Lot<br><b>1</b> | Ft. from N/S<br><b>1,159 FNL</b> | Ft. from E/W<br><b>829 FWL</b> | Latitude<br><b>32.207016</b> | Longitude<br><b>-103.926826</b> | County<br><b>EDDY</b> |
|----|----------------------|------------------------|---------------------|-----------------|----------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|

Bottom Hole Location

|    |                      |                        |                     |                 |                                |                                |                              |                                 |                       |
|----|----------------------|------------------------|---------------------|-----------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|
| UL | Section<br><b>31</b> | Township<br><b>24S</b> | Range<br><b>30E</b> | Lot<br><b>4</b> | Ft. from N/S<br><b>230 FSL</b> | Ft. from E/W<br><b>521 FWL</b> | Latitude<br><b>32.167228</b> | Longitude<br><b>-103.927774</b> | County<br><b>EDDY</b> |
|----|----------------------|------------------------|---------------------|-----------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|

|                                    |                                          |                                          |                                                                                                               |                                |
|------------------------------------|------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------|
| Dedicated Acres<br><b>1,922.84</b> | Infill or Defining Well<br><b>INFILL</b> | Defining Well API<br><b>30-015-53843</b> | Overlapping Spacing Unit (Y/N)<br><b>N</b>                                                                    | Consolidation Code<br><b>U</b> |
| Order Numbers:                     |                                          |                                          | Well setbacks are under Common Ownership: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

Kick Off Point (KOP)

|    |                      |                        |                     |                 |                                  |                                |                              |                                 |                       |
|----|----------------------|------------------------|---------------------|-----------------|----------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|
| UL | Section<br><b>19</b> | Township<br><b>24S</b> | Range<br><b>30E</b> | Lot<br><b>1</b> | Ft. from N/S<br><b>1,159 FNL</b> | Ft. from E/W<br><b>829 FWL</b> | Latitude<br><b>32.207016</b> | Longitude<br><b>-103.926826</b> | County<br><b>EDDY</b> |
|----|----------------------|------------------------|---------------------|-----------------|----------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|

First Take Point (FTP)

|    |                      |                        |                     |                 |                                |                                |                              |                                 |                       |
|----|----------------------|------------------------|---------------------|-----------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|
| UL | Section<br><b>19</b> | Township<br><b>24S</b> | Range<br><b>30E</b> | Lot<br><b>1</b> | Ft. from N/S<br><b>100 FNL</b> | Ft. from E/W<br><b>521 FWL</b> | Latitude<br><b>32.209917</b> | Longitude<br><b>-103.927829</b> | County<br><b>EDDY</b> |
|----|----------------------|------------------------|---------------------|-----------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|

Last Take Point (LTP)

|    |                      |                        |                     |                 |                                |                                |                              |                                 |                       |
|----|----------------------|------------------------|---------------------|-----------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|
| UL | Section<br><b>31</b> | Township<br><b>24S</b> | Range<br><b>30E</b> | Lot<br><b>4</b> | Ft. from N/S<br><b>330 FSL</b> | Ft. from E/W<br><b>521 FWL</b> | Latitude<br><b>32.167503</b> | Longitude<br><b>-103.927774</b> | County<br><b>EDDY</b> |
|----|----------------------|------------------------|---------------------|-----------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|-----------------------|

|                                                                   |                                                                                                    |                                         |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------|
| Unitized Area or Area of Uniform Interest<br><b>NMNM105422429</b> | Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical | Ground Floor Elevation:<br><b>3146'</b> |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>OPERATOR CERTIFICATIONS</div> <div><p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p><p><i>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</i></p><div><div>Lacey Granillo</div><div>3/27/25</div></div><div>SignatureDate</div><div>Lacey Granillo</div><div>Printed Name</div><div>Lacey.granillo@exxonmobil.com</div><div>Email Address</div></div> | <div>SURVEYOR CERTIFICATIONS</div> <div><p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p><div><div></div><div><div>23786</div><div>03-24-2025</div></div><div>Signature and Seal of Professional SurveyorCertificate NumberDate of Survey</div></div><div><div>23786</div><div>03-24-2025</div></div><div>Certificate NumberDate of Survey</div><div>DB618.013003.05-34</div></div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Note: No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

This grid represents a standard section. You may superimpose a non-standard section, or larger area, over this grid. Operators must outline the dedicated acreage in a red box, clearly show the well surface location and bottom hole location, if it is directionally drilled, with the dimensions from the section lines in the cardinal directions. If this is a horizontal wellbore show on this plat the location of the First Take Point and Last Take Point, and the point within the Completed interval (other than the First Take Point or Last Take Point) that is closest to any outer boundary of the tract.



 SECTION LINE
  330' BUFFER
  PPP

 TOWNSHIP LINE
  MINERAL LEASE
  WELL

 ALLOCATION AREA
  WELLBORE

| CORNER COORDINATE TABLE |              |              |              |              |
|-------------------------|--------------|--------------|--------------|--------------|
| CORNER                  | NAD 83 NME X | NAD 83 NME Y | NAD 27 NME X | NAD 27 NME Y |
| A                       | 666,230.6    | 440,429.8    | 625,047.0    | 440,370.5    |
| B                       | 666,247.1    | 437,782.4    | 625,063.4    | 437,723.2    |
| C                       | 666,262.7    | 435,137.5    | 625,078.9    | 435,078.4    |
| D                       | 666,278.7    | 432,493.2    | 625,094.9    | 432,434.1    |
| E                       | 666,294.7    | 429,849.5    | 625,110.8    | 429,790.5    |
| F                       | 666,300.6    | 427,210.9    | 625,116.5    | 427,152.0    |
| G                       | 666,306.9    | 424,572.2    | 625,122.8    | 424,513.3    |
| H                       | 668,907.1    | 440,474.1    | 627,723.5    | 440,414.8    |
| I                       | 668,931.9    | 437,827.6    | 627,748.2    | 437,768.4    |
| J                       | 668,956.7    | 435,182.1    | 627,772.9    | 435,122.9    |
| K                       | 668,971.0    | 432,537.9    | 627,787.2    | 432,478.8    |
| L                       | 668,985.4    | 429,892.6    | 627,801.4    | 429,833.6    |
| M                       | 668,987.6    | 427,251.4    | 627,803.6    | 427,192.4    |
| N                       | 668,989.9    | 424,607.9    | 627,805.7    | 424,549.0    |

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/oed/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 451218

CONDITIONS

|                                                                                        |                                                      |
|----------------------------------------------------------------------------------------|------------------------------------------------------|
| Operator:<br>XTO PERMIAN OPERATING LLC.<br>6401 HOLIDAY HILL ROAD<br>MIDLAND, TX 79707 | OGRID:<br>373075                                     |
|                                                                                        | Action Number:<br>451218                             |
|                                                                                        | Action Type:<br>[C-103] NOI Change of Plans (C-103A) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| dmcclure   | None      | 5/16/2025      |