

Santa 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 387385																																
		WELL API NUMBER 30-025-50755																																
		5. Indicate Type of Lease Private																																
		6. State Oil & Gas Lease No.																																
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.)		7. Lease Name or Unit Agreement Name DOGLEG 14																																
1. Type of Well: Oil		8. Well Number 001																																
2. Name of Operator Tamaroa Operating, LLC		9. OGRID Number 328666																																
3. Address of Operator PO Box 866937, Plano, TX 750866937		10. Pool name or Wildcat																																
4. Well Location Unit Letter <u>M</u> : <u>200</u> feet from the <u>S</u> line and feet <u>230</u> from the <u>W</u> line Section <u>11</u> Township <u>16S</u> Range <u>36E</u> NMPM County <u>Lea</u>																																		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3886 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%;"> <tr> <td colspan="2"> 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> 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: <u>Drilling/Cement</u> <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: <u>Drilling/Cement</u> <input checked="" type="checkbox"/>																													
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Casing and Cement Program <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>04/05/25</td> <td>Surf</td> <td>FreshWater</td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>L80</td> <td>0</td> <td>2148</td> <td>780</td> <td>1.41</td> <td>c</td> <td>0</td> <td>1455</td> <td>45</td> <td>N</td> </tr> </tbody> </table>			Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole	04/05/25	Surf	FreshWater	12.25	9.625	40	L80	0	2148	780	1.41	c	0	1455	45	N
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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 NMOC guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .																																		
<table style="width:100%;"> <tr> <td>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td><u>Manager</u></td> <td>DATE</td> <td><u>6/1/2025</u></td> </tr> <tr> <td>Type or print name</td> <td><u>William C Bahlburg</u></td> <td>E-mail address</td> <td><u>geoff@tamaroadev.com</u></td> <td>Telephone No.</td> <td><u>972-867-2575</u></td> </tr> </table>			SIGNATURE	<u>Electronically Signed</u>	TITLE	<u>Manager</u>	DATE	<u>6/1/2025</u>	Type or print name	<u>William C Bahlburg</u>	E-mail address	<u>geoff@tamaroadev.com</u>	Telephone No.	<u>972-867-2575</u>																				
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For State Use Only: APPROVED BY: <u>Crystal Walker</u> TITLE _____ DATE <u>6/25/2025 8:10:26 AM</u>																																		

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Online Phone Directory Visit:
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OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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 Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-50755
2. Name of Operator Tamaroa Operating, LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator PO Box 866937, Plano, TX 75086		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>D</u> : <u>200</u> feet from the <u>S</u> line and <u>230</u> feet from the <u>W</u> line Section <u>14</u> Township <u>16S</u> Range <u>36E</u> NMPM County <u>Lea</u>		7. Lease Name or Unit Agreement Name Dogleg 14
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3888.4 GL		8. Well Number <u>1</u>
9. OGRID Number 3238666		10. Pool name or Wildcat Lovington; Wolfcamp, North

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Tamaroa Operating, LLC comenced drilling a 12.25" hole at 10:30 PM April 2, 2025. The 12.25" hole was drilled to 2235' and TD was reached at 9:15 pm 4/4/25.

51 joints of 9 5/8" 40# high collapse L-8 casing was run and laded @ 2148'. Casing was equipped with a float shoe, float collar and 10 centralizers. The 9 5/8" casing was cemented with 780 sx 50/50 POZ C cement (yield 1.41) lead and 250 sx class C cement (yield 1.33). 358 sx was circulated to surface. Plug down at 6:43pm 4/5/25.

WOC 4 hours and cut off casing and installed 5K wellhead. A 5K BOP was nipped up and directional BHA was made up. Before drilling out of the 9 5/8" casing the casing and BOP were tested to 250 /1500 psi. An 8.5" hole was comenced at 3:30 am 4/7/25.

Spud Date:

4/2/2025

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Consultant

DATE 4/11/25

Type or print name Phelps White

E-mail address: pwiv@zianet.com

PHONE: 575 626 7660

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):