

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 392887 WELL API NUMBER 30-025-52660 5. Indicate Type of Lease State 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name CORIANDER 1 12 STATE COM			
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 213H			
2. Name of Operator Coterra Energy Operating Co.		9. OGRID Number 215099			
3. Address of Operator 6001 Deauville Blvd, 300N, Midland, TX 79706		10. Pool name or Wildcat			
4. Well Location Unit Letter <u>A</u> : <u>211</u> feet from the <u>N</u> line and feet <u>711</u> from the <u>E</u> line Section <u>1</u> Township <u>23S</u> Range <u>32E</u> NMPM County <u>Lea</u>					
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3749 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: Spud <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: Spud <input checked="" type="checkbox"/>
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: Spud <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 6/22/2025 Spudded well. 06/22/2025 Spudded well. The Coriander 1-12 State COM 213H well was spudded on 06/22/2025 with the Cactus 163 rig.					
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	<u>Electronically Signed</u>	TITLE			
Type or print name	<u>Phillip Levasseur</u>	E-mail address			
		<u>Regulatory Compliance Manager</u>			
		DATE			
		<u>6/30/2025</u>			
		Telephone No.			
		<u>412-759-4585</u>			
For State Use Only: APPROVED BY: <u>Keith Dziokonski</u> TITLE <u>Petroleum Specialist A</u> DATE <u>7/1/2025</u>					