

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

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-025-41767
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Jonah Energy LLC		6. State Oil & Gas Lease No.
3. Address of Operator 370 17th Street, Suite 2900, Denver Colorado 80211		7. Lease Name or Unit Agreement Name Jackson Unit
4. Well Location Unit Letter O : 200 feet from the SOUTH line and 1670 feet from the EAST line Section 21 Township 24S Range 33E NMPM County Lea		8. Well Number 29H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,532 GR		9. OGRID Number 333010
		10. Pool name or Wildcat Triple x, Bone Spring, West

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: Surface Commingling <input checked="" 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.

Jonah Energy request that the Jackson Unit #29H well be added to Commingling Order No. PLC-807. The well will be commingled at the Apollo C CTB (Facility ID: fAPP2134729401) located in Unit Letter O (aka SWSE) of Section 21-T24S-R33E. Oil, gas, and water production will be allocated using the method approved in said order.

Spud Date:

Rig Release Date:

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

SIGNATURE Jonah Rush TITLE Senior Land Negotiator DATE 9/29/25

Type or print name Jared Rush E-mail address: Jared.Rush@JonahEnergy.com PHONE: 720-577-1232

For State Use Only

APPROVED BY: Joseph Orellana TITLE Petroleum Specialist DATE 10/10/2025

Conditions of Approval (if any):

Santa Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory Visit: https://www.emnrd.nm.gov/ocd/contact-us/	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	<div style="text-align: right;"> C-102 Revised July 9, 2024 Submit Electronically via OCD Permitting </div> <div style="border: 1px solid black; padding: 2px;"> Submittal Type: <div style="float: right;"> <input type="checkbox"/> Initial Submittal <input checked="" type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled </div> </div>
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WELL LOCATION INFORMATION

API Number 30-025-41767	Pool Code 96674	Pool Name TRIPLE X; BONE SPRING, WEST
Property Code 8127	Property Name JACKSON UNIT	Well Number 29H
OGRID No. 15363	Operator Name JONAH ENERGY LLC	Ground Level Elevation 3529
Surface Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal

Surface Location

UL O	Section 21	Township 24S	Range 33E	Lot O	Ft. from N/S 200 FSL	Ft. from E/W 1670 FEL	Latitude 32.19642	Longitude -103.574113	County LEA
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Bottom Hole Location

UL B	Section 21	Township 24S	Range 33E	Lot B	Ft. from N/S 345 FNL	Ft. from E/W 1726 FEL	Latitude 32.209429	Longitude -103.574295	County LEA
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Dedicated Acres 160	Infill or Defining Well	Defining Well API	Overlapping Spacing Unit (Y/N)	Consolidation Code
Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL O	Section 21	Township 24S	Range 33E	Lot O	Ft. from N/S	Ft. from E/W	Latitude 32.196224	Longitude -103.573992	County LEA
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First Take Point (FTP)

UL O	Section 21	Township 24S	Range 33E	Lot O	Ft. from N/S	Ft. from E/W	Latitude 32.199494	Longitude -103.574139	County LEA
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Last Take Point (LTP)

UL B	Section 21	Township 24S	Range 33E	Lot B	Ft. from N/S	Ft. from E/W	Latitude 32.209296	Longitude -103.574286	County LEA
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Unitized Area or Area of Uniform Interest	Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation: 3,532
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<p>OPERATOR CERTIFICATIONS</p> <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 style="border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between;"> Signature Date 9/29/25 </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Jared Rush </div> <div style="display: flex; justify-content: space-between;"> Printed Name </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> jared.rush@jonahenergy.com </div> <div style="display: flex; justify-content: space-between;"> Email Address </div>	<p>SURVEYOR CERTIFICATIONS</p> <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 style="border-bottom: 1px solid black; margin-bottom: 5px;"> _____ </div> <div style="display: flex; justify-content: space-between;"> Signature and Seal of Professional Surveyor </div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 45%;"> Certificate Number </div> <div style="border-bottom: 1px solid black; width: 45%;"> Date of Survey </div> </div>
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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.

ACREAGE DEDICATION PLATS

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.

Surveyors shall use the latest United States government survey or dependent resurvey. Well locations will be in reference to the New Mexico Principal Meridian. If the land is not surveyed, contact the OCD Engineering Bureau. Independent subdivision surveys will not be acceptable.



District I
1625 N. French Dr., Hobbs, NM 88240
Phone (575) 393-6161 Fax (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone (575) 748-1283 Fax (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone (505) 334-6178 Fax (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone (505) 476-3460 Fax (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office
☒ AMENDED REPORT

HOBBS OCT 19 2015

WELL LOCATION AND ACREAGE DEDICATION RECEIVED

¹ API Number 30-025-41767	² Pool Code 96674	³ Pool Name TRIPLE X; BONE SPRING, WEST
⁴ Property Code 8127	⁵ Property Name JACKSON UNIT	⁶ Well Number 29H
⁷ OGRID No. 15363	⁸ Operator Name MURCHISON OIL & GAS, INC.	⁹ Elevation 3532.8

¹⁰ Surface Location

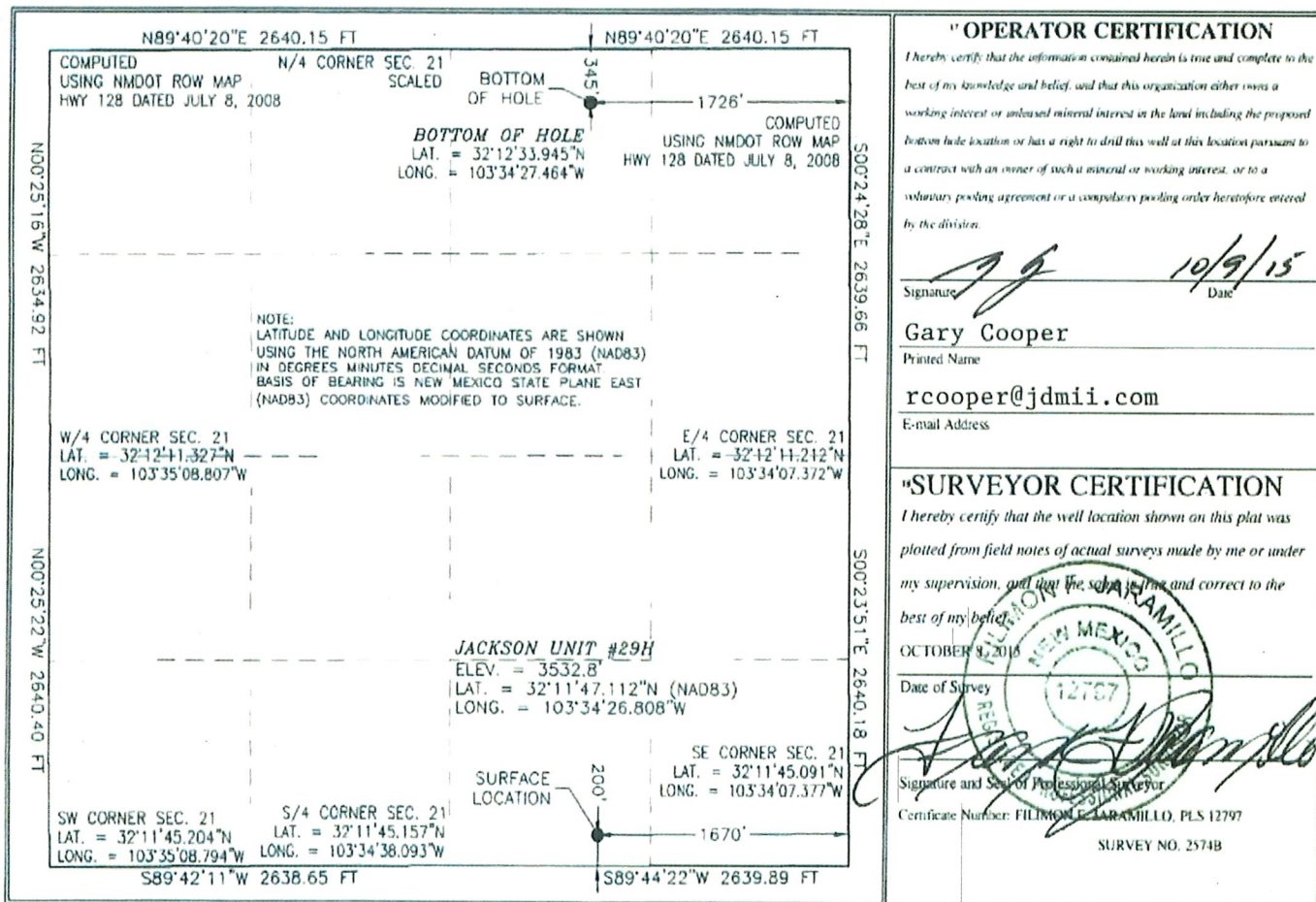
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
O	21	24 S	33 E		200	SOUTH	1670	EAST	LEA

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	21	24 S	33 E		345	NORTH	1726	EAST	LEA

¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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.



DEC 14 2015

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Oil Conservation Division
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CONDITIONS

Action 514217

CONDITIONS

Operator: Jonah Energy LLC 370 17th Street Denver, CO 80202	OGRID: 333010
	Action Number: 514217
	Action Type: [IM-SD] Admin Order Support Doc (ENG) (IM-AAO)

CONDITIONS

Created By	Condition	Condition Date
sarah.clelland	Please review the content of the order to ensure you are familiar with the authorities granted and any conditions of approval. If you have any questions regarding this matter, please contact me.	10/10/2025