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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-41138

5. Indicate Type of Lease STATE ☒ FEE ☐

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: Jackson Unit

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

8. Well Number 20H

2. Name of Operator JONAH ENERGY LLC

9. OGRID Number 333010

3. Address of Operator
370 17TH Street, Suite 2900, Denver, CO 80211

10. Pool name or Wildcat
TRIPLE X; BONE SPRING, WEST

4. Well Location
Unit Letter O : 200 feet from the South line and 2290 feet from the East line
Section Township Range NMPM County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3530 GL

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

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| PERFORM REMEDIAL WORK | ☐ | PLUG AND ABANDON | ☐ | REMEDIAL WORK | ☐ | ALTERING CASING | ☐ |
| TEMPORARILY ABANDON | ☐ | CHANGE PLANS | ☐ | COMMENCE DRILLING OPNS. | ☐ | P AND A | ☐ |
| PULL OR ALTER CASING | ☐ | MULTIPLE COMPL | ☐ | CASING/CEMENT JOB | ☐ | | |
| DOWNHOLE COMMINGLE | ☐ | | | | | | |
| CLOSED-LOOP SYSTEM | ☐ | | | | | | |
| OTHER: Surface Commingling | ☒ | | | OTHER: | ☐ | | |

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 #20H well be added to Commingling Order No. PLC-807. The well will be commingled at the Apollo C CTB (Facility ID: fAPP2134729401). Oil, gas, and water production will be allocated using the gas, oil, and water meter located at the well.

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 Jared Rush TITLE Senior Land Negotiator DATE 10/30/25

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

**For State Use Only**

APPROVED BY: Brandi Wellard TITLE Petroleum Specialist DATE 11/24/2025

Conditions of Approval (if any):

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

**WELL LOCATION INFORMATION**

| API Number | Pool Code | Pool Name | |
|---|---|---|---|
| 30-025-41139 | 96674 | TRIPLE X; BONE SPRING, WEST | |
| Property Code: 8127 | Property Name: JACKSON UNIT | | Well Number: 20H |
| OGRID No.: 333010 | Operator Name: JONAH ENERGY | | Ground Level Elevation: 3530 |
| Surface Owner: ☐ State ☐ Fee ☐ Tribal ☐ Federal | | Mineral Owner: ☐ State ☐ Fee ☐ Tribal ☐ Federal | |

**Surface Location**

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|---|---|---|---|---|---|---|---|---|---|
| O | 21 | 24S | 33E | O | 200 FSL | 2290 FEL | 32.19642 | -103.57613 | LEA |

**Bottom Hole Location**

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|---|---|---|---|---|---|---|---|---|---|
| B | 21 | 24S | 33E | B | 291 FNL | 2279 FEL | 32.196421 | -103.576165 | LEA |

| Dedicated Acres | Infill or Defining Well | Defining Well API | Overlapping Spacing Unit (Y/N) | Consolidation Code |
|---|---|---|---|---|
| | | | | |
| Order Numbers. | | | Well setbacks are under Common Ownership: ☐Yes ☐No | |

**Kick Off Point (KOP)**

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|---|---|---|---|---|---|---|---|---|---|
| O | 21 | 24S | 33E | O | | | 32.196740 | -103.576071 | LEA |

**First Take Point (FTP)**

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|---|---|---|---|---|---|---|---|---|---|
| O | 21 | 24S | 33E | O | 598 FSL | 2257 FEL | 32.197502 | -103.576005 | LEA |

**Last Take Point (LTP)**

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|---|---|---|---|---|---|---|---|---|---|
| B | 21 | 24S | 33E | B | 4942 FSL | 2279 FEL | 32.209457 | -103.575978 | LEA |

| Unitized Area or Area of Uniform Interest | Spacing Unit Type ☑ Horizontal ☐ Vertical | Ground Floor Elevation: |
|---|---|---|
| | | |

**OPERATOR CERTIFICATIONS**

*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.*

*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.*

Jared Rush 10/30/25

Signature Date

Jared Rush

Printed Name

jared.rush@jonahenergy.com

Email Address

**SURVEYOR CERTIFICATIONS**

*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.*

Signature and Seal of Professional Surveyor

Certificate Number

Date of Survey

*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

HOBBS OCD
MAR 17 2014
RECEIVED

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

# WELL LOCATION AND ACREAGE DEDICATION PLAT

| [1] API Number | [2] Pool Code | [3] Pool Name |
|---|---|---|
| 30-025-41139 | 96674 | TRIPLE X; BONE SPRING, WEST |

| [4] Property Code | [5] Property Name | [6] Well Number |
|---|---|---|
| 8127 | JACKSON UNIT | 20H |

| [7] OGRID No. | [8] Operator Name | [9] Elevation |
|---|---|---|
| 15363 | MURCHISON OIL & GAS, INC. | 3530.3 |

## [10] Surface Location

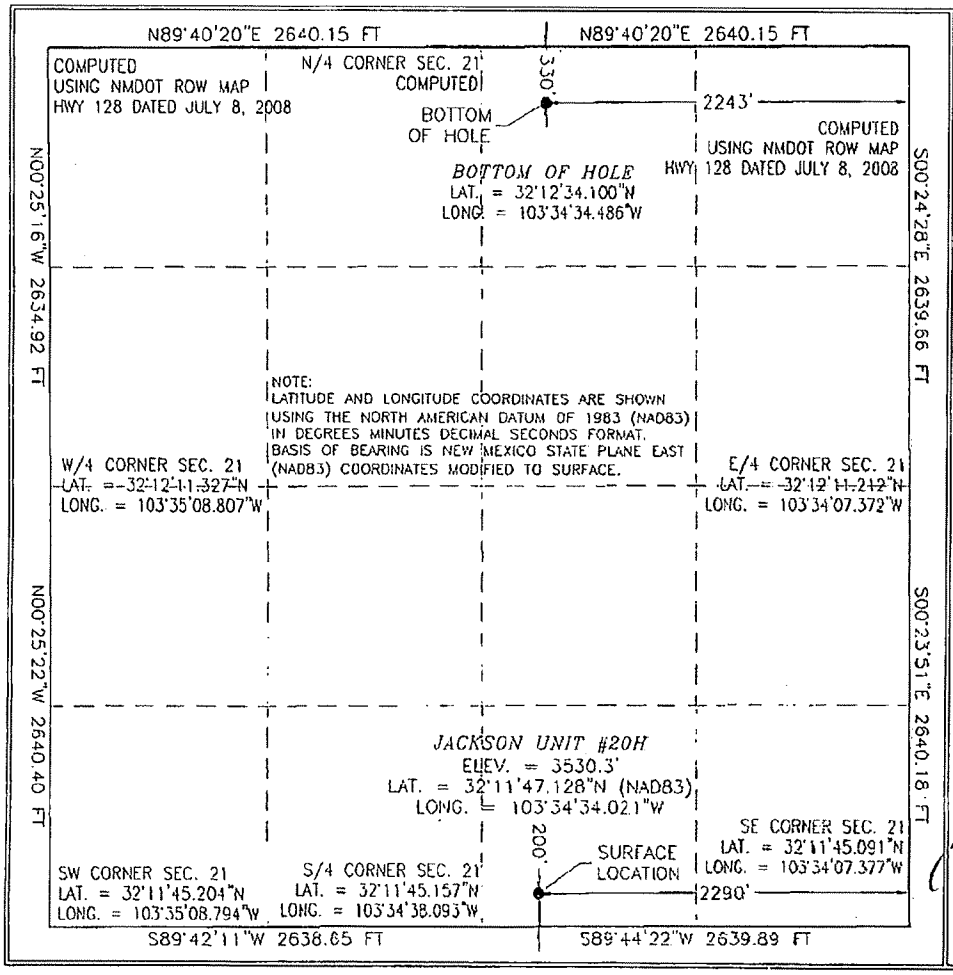
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---|---|---|---|---|---|---|---|---|---|
| O | 21 | 24 S | 33 E | | 200 | SOUTH | 2290 | EAST | LEA |

## [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 | | ~~330~~ 281 | NORTH | ~~2243~~ 2279 | EAST | LEA |

| [12] Dedicated Acres | [13] Joint or Infill | [14] Consolidation Code | [15] Order No. |
|---|---|---|---|
| 160 | | | |

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.




## [17] OPERATOR CERTIFICATION

*I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and 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 such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.*

Signature Date 2/17/14

Michael S. Daugherty
Printed Name

mdaugherty@jdmii.com
E-mail Address

## [18] SURVEYOR CERTIFICATION

*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.*

FEBRUARY 10, 2014
Date of Survey

Signature and Seal of Professional Surveyor:

Certificate Number: FILIBERTO F. JARAMILLO, PLS 12797
SURVEY NO. 1658A

APR 14 2014

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

General Information
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# State of New Mexico
# Energy, Minerals and Natural Resources
# Oil Conservation Division
# 1220 S. St Francis Dr.
# Santa Fe, NM 87505

CONDITIONS

Action 529503

## CONDITIONS

| | |
|---|---|
| Operator:<br>Jonah Energy LLC<br>370 17th Street<br>Denver, CO 80202 | OGRID:<br>333010 |
| | Action Number:<br>529503 |
| | Action Type:<br>[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. | 11/24/2025 |