

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 380364																				
		WELL API NUMBER 30-025-52431																				
		5. Indicate Type of Lease State																				
		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 MACHO NACHO STATE COM																				
1. Type of Well: Oil		8. Well Number 604H																				
2. Name of Operator COG OPERATING LLC		9. OGRID Number 229137																				
3. Address of Operator 600 W Illinois Ave, Midland, TX 79701		10. Pool name or Wildcat																				
4. Well Location Unit Letter <u>O</u> : <u>635</u> feet from the <u>S</u> line and feet <u>2140</u> from the <u>E</u> line Section <u>7</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>Lea</u>																						
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3574 GR																						
Pit or Below-grade Tank Application ☐ or Closure ☐ 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%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td style="width: 25%;">PERFORM REMEDIAL WORK</td> <td style="width: 25%; text-align: center;">☐</td> <td style="width: 25%;">REMEDIAL WORK</td> <td style="width: 25%; text-align: center;">☐</td> </tr> <tr> <td>TEMPORARILY ABANDON</td> <td style="text-align: center;">☐</td> <td>COMMENCE DRILLING OPNS.</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>PULL OR ALTER CASING</td> <td style="text-align: center;">☐</td> <td>CASING/CEMENT JOB</td> <td style="text-align: center;">☐</td> </tr> <tr> <td>Other:</td> <td style="text-align: center;">☐</td> <td>Other: Spud</td> <td style="text-align: center;">☒</td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK	☐	REMEDIAL WORK	☐	TEMPORARILY ABANDON	☐	COMMENCE DRILLING OPNS.	☐	PULL OR ALTER CASING	☐	CASING/CEMENT JOB	☐	Other:	☐	Other: Spud	☒
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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. 12/21/2024 Spudded well. SPUD 17½" SURFACE @ 14:45 HRS ON 12/21/2024																						
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 ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐ .																						
SIGNATURE	TITLE	DATE																				
Electronically Signed	Supervisor Delaware Regulatory	12/24/2024																				
Type or print name	E-mail address	Telephone No.																				
Robyn Russell	robyn.m.russell@conocophillips.com	432-685-4385																				
For State Use Only: APPROVED BY: Sarah K McGrath TITLE Petroleum Specialist - A DATE 12/24/2024																						