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| Santa Fe Main Office<br>Phone: (505) 476-3441<br><br>General Information<br>Phone: (505) 629-6116<br><br>Online Phone Directory<br><a href="https://www.emnrd.nm.gov/ocd/contact-us">https://www.emnrd.nm.gov/ocd/contact-us</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br><br>Permit 392427                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               | WELL API NUMBER<br>30-015-56621                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               | 5. Indicate Type of Lease<br>State                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               | 6. State Oil & Gas Lease No.                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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<br>SAN LORENZO 9 4 STATE COM                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| 1. Type of Well:<br>Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               | 8. Well Number<br>558H                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| 2. Name of Operator<br>MEWBOURNE OIL CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               | 9. OGRID Number<br>14744                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| 3. Address of Operator<br>P.O. Box 5270, Hobbs, NM 88241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| 4. Well Location<br>Unit Letter <u>N</u> : <u>330</u> feet from the <u>S</u> line and feet <u>2150</u> from the <u>W</u> line<br>Section <u>9</u> Township <u>25S</u> Range <u>28E</u> NMPM County <u>Eddy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>2981 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width: 100%;"> <tr> <td colspan="2">           NOTICE OF INTENTION TO:<br/>           PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br/>           TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br/>           PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br/>           Other: _____         </td> <td>           SUBSEQUENT REPORT OF:<br/>           REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br/>           COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br/>           CASING/CEMENT JOB <input type="checkbox"/><br/>           Other: <b>Spud</b> <input checked="" type="checkbox"/> </td> </tr> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             | NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>Other: _____ |       | SUBSEQUENT REPORT OF:<br>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>Other: <b>Spud</b> <input checked="" type="checkbox"/> |                       |                           |           |                    |                |               |                 |                     |              |
| NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | SUBSEQUENT REPORT OF:<br>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>Other: <b>Spud</b> <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.<br><br><b>6/21/2025</b> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| 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"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| <table style="width: 100%;"> <tr> <td style="width: 33%;">SIGNATURE</td> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">DATE</td> </tr> <tr> <td>Electronically Signed</td> <td>Vice President Operations</td> <td>6/23/2025</td> </tr> <tr> <td>Type or print name</td> <td>E-mail address</td> <td>Telephone No.</td> </tr> <tr> <td>Monty Whetstone</td> <td>fking@mewbourne.com</td> <td>903-561-2900</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             | SIGNATURE                                                                                                                                                                                                                                                                                                             | TITLE | DATE                                                                                                                                                                                                                                                                                                        | Electronically Signed | Vice President Operations | 6/23/2025 | Type or print name | E-mail address | Telephone No. | Monty Whetstone | fking@mewbourne.com | 903-561-2900 |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TITLE                                                                                                                                                                         | DATE                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| Electronically Signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Vice President Operations                                                                                                                                                     | 6/23/2025                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | E-mail address                                                                                                                                                                | Telephone No.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| Monty Whetstone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | fking@mewbourne.com                                                                                                                                                           | 903-561-2900                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| <b>For State Use Only:</b><br><br><table style="width: 100%;"> <tr> <td style="width: 33%;">APPROVED BY:</td> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">DATE</td> </tr> <tr> <td>Keith Dziokonski</td> <td>Petroleum Specialist A</td> <td>6/24/2025</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             | APPROVED BY:                                                                                                                                                                                                                                                                                                          | TITLE | DATE                                                                                                                                                                                                                                                                                                        | Keith Dziokonski      | Petroleum Specialist A    | 6/24/2025 |                    |                |               |                 |                     |              |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TITLE                                                                                                                                                                         | DATE                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |
| Keith Dziokonski                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Petroleum Specialist A                                                                                                                                                        | 6/24/2025                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                             |                       |                           |           |                    |                |               |                 |                     |              |