

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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-57089
2. Name of Operator 3R Operating, LLC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 20405 State Hwy 249 STE 820		6. State Oil & Gas Lease No. 337700
4. Well Location Unit Letter <u>G</u> : <u>1800</u> feet from the <u>South</u> line and <u>1865</u> feet from the <u>East</u> line Section <u>36</u> Township <u>23S</u> Range <u>25E</u> NMPM County <u>Eddy</u>		7. Lease Name or Unit Agreement Name Mutt Cutts State
		8. Well Number <u>001</u>
		9. OGRID Number 331569
		10. Pool name or Wildcat WC;White City; Strawn (G)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3893		

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 checked="" 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: <input 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.

APD Change to include the following: Name Change from Mutt Cutts State 001 to Mutt Cutts State Com 001  
 Dedicated Acreage change from 640 acres to 320 acres  
 Pool Change from WC; WHITE CITY: STRAWN (G) (97717) to FRONTIER HILLS;STRAWN (GAS) (77190)  
 Surface Casing Setting Depth Change from : 1500 ft to 600 feet, CMT sx's from 1370 to 859 (see attached)  
 Int 1 casing setting depth from 2,600 to 2,700, CMT sx's from 234 to 247 (see attached)

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 Austin Tramell TITLE Director Environmental & Regulatory DATE 08/14/2025

Type or print name Austin Tramell E-mail address: atramell@3roperating.com PHONE: 832-810-1037  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Conditions of Approval (if any): \_\_\_\_\_

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	600	1370	0
Int1	12.25	10.75	45.5	2700	234	0
Int2	9.75	8.625	36	9000	335	0
Prod	7.875	5.5	17	10800	344	8500

<b>C-102</b>  Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department <b>OIL CONSERVATION DIVISION</b>	Revised July 9, 2024	
		Submittal Type:	<input type="checkbox"/> Initial Submittal
			<input checked="" type="checkbox"/> Amended Report
		<input type="checkbox"/> As Drilled	

## WELL LOCATION INFORMATION

API Number <b>30-015-57089</b>	Pool Code <del>77193</del> <b>76005</b>	Pool Name <del>FRONTIER HILLS, UPPER PENN (GAS)</del> <b>Dark Canyon, Upper Penn (Gas)</b>
Property Code <b>337700</b>	Property Name <b>MUTT CUTTS STATE COM</b>	Well Number <b>#001</b>
OGRID No. 331569	Operator Name <b>3R OPERATING, LLC</b>	Ground Level Elevation <b>3,893'</b>
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 <b>G</b>	Section <b>36</b>	Township <b>23S</b>	Range <b>25E</b>	Lot	Ft. from N/S <b>1,800' FNL</b>	Ft. from E/W <b>1,865' FEL</b>	Latitude <b>32.262740°</b>	Longitude <b>-104.346848°</b>	County <b>EDDY</b>
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## Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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Dedicated Acres <b>320</b>	Infill or Defining Well <b>Defining</b>	Defining Well API	Overlapping Spacing Unit (Y/N) <b>N</b>	Consolidation Code <b>C</b>
Order Numbers. <b>pending comm agreement</b>			Well setbacks are under Common Ownership: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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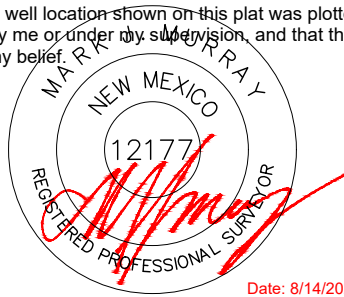
## First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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## Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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Unitized Area or Area of Uniform Interest	Spacing Unit Type <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical	Ground Floor Elevation:
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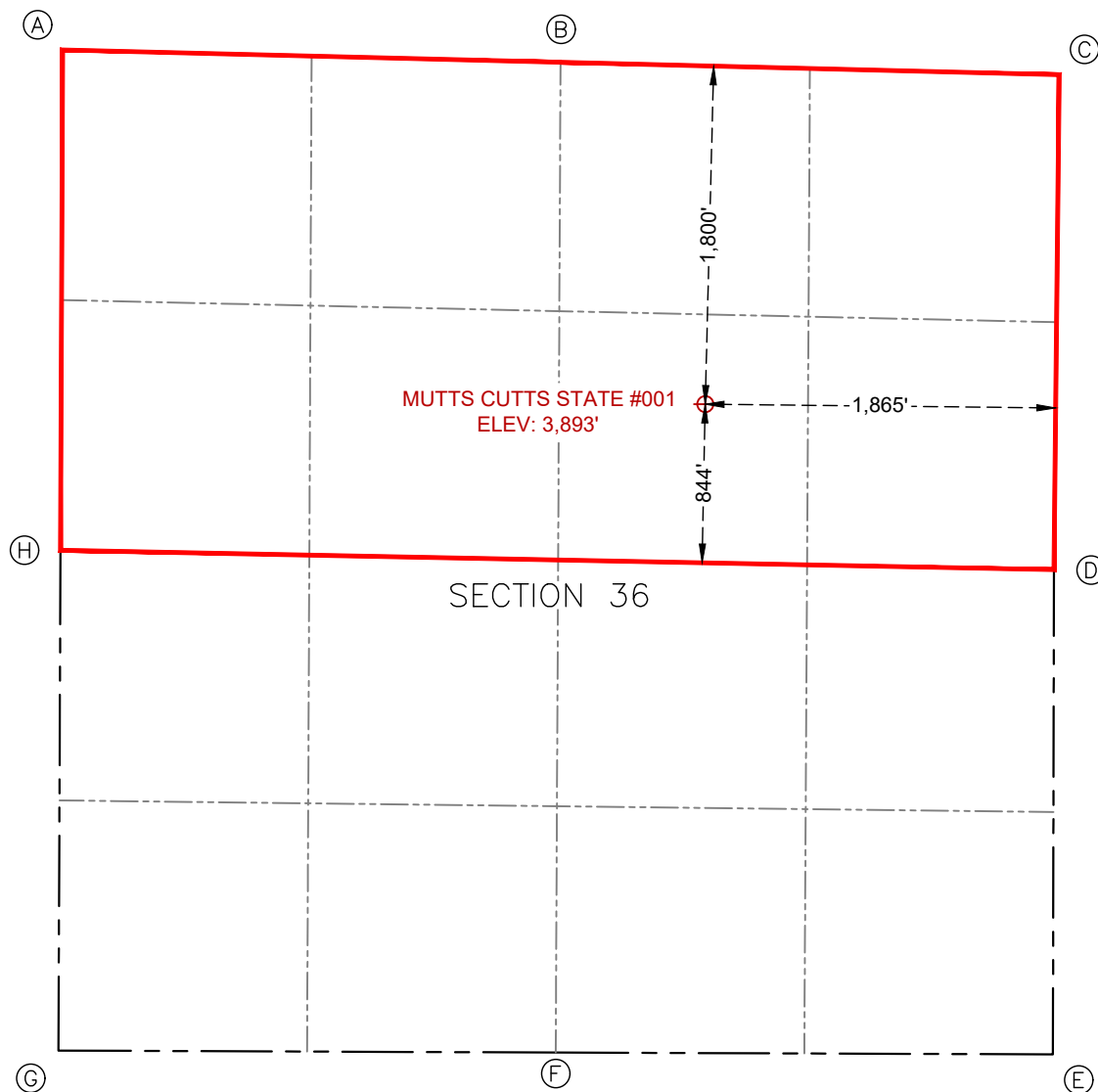
<b>OPERATOR CERTIFICATIONS</b> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including 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.</p> <p>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.</p> <p><i>Austin Tramell</i> 08/14/2025</p> <p>Signature Date</p> <p><b>Austin Tramell</b></p> <p>Printed Name</p> <p><b>atramell@3roperating.com</b></p> <p>Email Address</p>		<b>SURVEYOR CERTIFICATIONS</b> <p>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.</p> <p> Date: 8/14/2025</p> <p>Signature and Seal of Professional Surveyor</p> <table border="1"><tr><td>Certificate Number</td><td>Date of Survey</td><td>Revision Number</td></tr><tr><td><b>12177</b></td><td><b>8/14/2025</b></td><td><b>1</b></td></tr></table>			Certificate Number	Date of Survey	Revision Number	<b>12177</b>	<b>8/14/2025</b>	<b>1</b>
Certificate Number	Date of Survey	Revision Number								
<b>12177</b>	<b>8/14/2025</b>	<b>1</b>								

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.



**SURFACE HOLE LOCATION**  
 1,800' FNL & 1,865' FEL  
 ELEV. = 3,893'

NAD 83 X = 537,160.13'  
 NAD 83 Y = 459,318.38'  
 NAD 83 LAT = 32.262740°  
 NAD 83 LONG = -104.346848°  
 NAD 27 X = 495,978.28'  
 NAD 27 Y = 459,260.88'  
 NAD 27 LAT = 32.262624°  
 NAD 27 LONG = -104.346344°

CORNER COORDINATES NEW MEXICO EAST - NAD 83	
POINT	NORTHING/EASTING
A	IRON PIPE W/ BRASS CAP N:461,204.14' E:533,740.86'
B	IRON PIPE W/ BRASS CAP N:461,138.18' E:536,390.34'
C	IRON PIPE W/ BRASS CAP N:461,071.87' E:539,043.88'
D	IRON PIPE W/ BRASS CAP N:458,437.80' E:539,015.88'
E	IRON PIPE W/ BRASS CAP N:455,857.76' E:539,010.44'
F	IRON PIPE W/ BRASS CAP N:455,867.56' E:536,364.73'
G	IRON PIPE W/ BRASS CAP N:455,878.17' E:533,718.24'
H	IRON PIPE W/ BRASS CAP N:458,541.16' E:533,729.55'

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CONDITIONS

Action 496133

CONDITIONS

Operator: 3R Operating, LLC 20405 State Highway 249 Houston, TX 77070	OGRID: 331569
	Action Number: 496133
	Action Type: [C-103] NOI Change of Plans (C-103A)

CONDITIONS

Created By	Condition	Condition Date
ward.rikala	Any previous COA's not addressed within the updated COA's still apply.	8/18/2025