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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 399261<br><br>WELL API NUMBER<br>30-025-54804<br><br>5. Indicate Type of Lease<br>State<br><br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>NORTH THISTLE 10 STATE<br>COM                                                         |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                               |      |                  |                    |                   |                |                           |               |                     |
| <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.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                               |      |                  |                    |                   |                |                           |               |                     |
| 1. Type of Well:<br>Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               | 8. Well Number<br>218H                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                               |      |                  |                    |                   |                |                           |               |                     |
| 2. Name of Operator<br>DEVON ENERGY PRODUCTION COMPANY, LP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               | 9. OGRID Number<br>6137                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                               |      |                  |                    |                   |                |                           |               |                     |
| 3. Address of Operator<br>333 West Sheridan Ave., Oklahoma City, OK 73102                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                               |      |                  |                    |                   |                |                           |               |                     |
| 4. Well Location<br>Unit Letter <u>B</u> : <u>550</u> feet from the <u>N</u> line and feet <u>1830</u> from the <u>E</u> line<br>Section <u>10</u> Township <u>23S</u> Range <u>33E</u> NMPM County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                               |      |                  |                    |                   |                |                           |               |                     |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3601 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"/> |                               |      |                  |                    |                   |                |                           |               |                     |
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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.<br><br><b>9/3/2025</b> Spudded well.<br><br>spud well @ 06:00 on 9/3/2025.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                                                                                                                                                                             |                               |      |                  |                    |                   |                |                           |               |                     |
| 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: 20%;">SIGNATURE</td> <td style="width: 30%;"><u>Electronically Signed</u></td> <td style="width: 20%;">TITLE</td> <td style="width: 20%;"><u>Supervisor Land</u></td> <td style="width: 10%;">DATE</td> <td style="width: 10%;"><u>10/2/2025</u></td> </tr> <tr> <td>Type or print name</td> <td><u>Jeff Walla</u></td> <td>E-mail address</td> <td><u>Jeff.Walla@dmn.com</u></td> <td>Telephone No.</td> <td><u>575-748-9925</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             | SIGNATURE                                                                                                                                                                                                                                                                                                             | <u>Electronically Signed</u> | TITLE                                                                                                                                                                                                                                                                                                       | <u>Supervisor Land</u>        | DATE | <u>10/2/2025</u> | Type or print name | <u>Jeff Walla</u> | E-mail address | <u>Jeff.Walla@dmn.com</u> | Telephone No. | <u>575-748-9925</u> |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                                                                                                                       | <u>Supervisor Land</u>                                                                                                                                                                                                                                                                                                | DATE                         | <u>10/2/2025</u>                                                                                                                                                                                                                                                                                            |                               |      |                  |                    |                   |                |                           |               |                     |
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| <b>For State Use Only:</b><br><br><table style="width: 100%;"> <tr> <td style="width: 20%;">APPROVED BY:</td> <td style="width: 30%;"><u>Keith Dziokonski</u></td> <td style="width: 20%;">TITLE</td> <td style="width: 20%;"><u>Petroleum Specialist A</u></td> <td style="width: 10%;">DATE</td> <td style="width: 10%;"><u>10/6/2025</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             | APPROVED BY:                                                                                                                                                                                                                                                                                                          | <u>Keith Dziokonski</u>      | TITLE                                                                                                                                                                                                                                                                                                       | <u>Petroleum Specialist A</u> | DATE | <u>10/6/2025</u> |                    |                   |                |                           |               |                     |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Keith Dziokonski</u>                                                                                                                                                       | TITLE                                                                                                                                                                                                                                                                                                       | <u>Petroleum Specialist A</u>                                                                                                                                                                                                                                                                                         | DATE                         | <u>10/6/2025</u>                                                                                                                                                                                                                                                                                            |                               |      |                  |                    |                   |                |                           |               |                     |