

<p>Sante Fe Main Office Phone: (505) 476-3441</p> <p>General Information Phone: (505) 629-6116</p> <p>Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us</p>	<p>State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505</p>			<p>Form C-103 August 1, 2011</p> <p>Permit 405836</p> <p>WELL API NUMBER 30-025-55310</p> <p>5. Indicate Type of Lease State</p> <p>6. State Oil & Gas Lease No.</p>						
<p>SUNDRY NOTICES AND REPORTS ON WELLS</p> <p>(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.)</p>				7. Lease Name or Unit Agreement Name JOHN STEWART STATE COM						
<p>1. Type of Well: Oil</p> <p>2. Name of Operator MATADOR PRODUCTION COMPANY</p> <p>3. Address of Operator One Lincoln Centre, 5400 LBJ Freeway Ste 1500, Dallas, TX 75240</p> <p>4. Well Location Unit Letter <u>O</u> : <u>459</u> feet from the <u>S</u> line and feet <u>2030</u> from the <u>E</u> line Section <u>22</u> Township <u>26S</u> Range <u>36E</u> NMPM <u>Lea</u> County</p>				<p>8. Well Number 220H</p> <p>9. OGRID Number 228937</p> <p>10. Pool name or Wildcat</p>						
<p>11. Elevation (Show whether DR, KB, BT, GR, etc.) 2905 GR</p>										
<p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p> <p>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p> <p>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p>										
<p>12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>Other: _____</p> </td> <td style="width: 30%; vertical-align: top;"> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE OF PLANS <input type="checkbox"/></p> <p>MULTIPLE COMPL <input type="checkbox"/></p> </td> <td style="width: 40%; vertical-align: top;"> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>Other: Spud <input checked="" type="checkbox"/></p> </td> </tr> <tr> <td colspan="3" style="text-align: right; vertical-align: bottom;"> <p>SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> ALTER CASING</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> </td> </tr> </table>					<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>Other: _____</p>	<p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE OF PLANS <input type="checkbox"/></p> <p>MULTIPLE COMPL <input type="checkbox"/></p>	<p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>Other: Spud <input checked="" type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> ALTER CASING</p> <p><input type="checkbox"/> PLUG AND ABANDON</p>		
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<p>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.</p> <p>12/31/2025 Spudded well.</p> <p>Spud Well 12/31/2025</p>										
<p>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"/></p>										
SIGNATURE Type or print name	Electronically Signed <u>Brett A Jennings</u>	TITLE E-mail address	Regulatory Analyst brett.jennings@matadorresources.com	DATE Telephone No. 1/5/2026 972-629-2160						
<p>For State Use Only:</p>										
APPROVED BY:	Keith Dziokonski	TITLE	Petroleum Specialist A	DATE 1/5/2026						