

Santa Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory Visit: https://www.emnrd.nm.gov/ocd/contact-us/	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	<div style="text-align: right;"> C-104 Revised July 9, 2024 Submit Electronically Via OCD Permitting </div>
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Section 1 - Operator and Well Information

Submittal Type: <input type="checkbox"/> Test Allowable (C-104RT) <input type="checkbox"/> New Well (C-104NW) <input checked="" type="checkbox"/> Recomplete (C-104RC) <input type="checkbox"/> Pay Add (C-104RC) <input type="checkbox"/> XAmended	
Operator Name: MORNINGSTAR OPERATING LLC	OGRID: 330132
Property Name and Well Number: CENTRAL VACUUM UNIT #268	Property Code: 331870
Mineral Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal	API Number: 30-025-30714
Pool Name: VACUUM; GRAYBURG-SAN ANDRES	Pool Code: 62180

Section 2 – Surface Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
F	36	17S	34E		2310 FNL	1980 FWL	32.79242	-103.51624	LEA

Section 3 – Completion Information

Producing Method	Ready Date	Perforations MD	Perforations TVD
PUMPING	11/20/2025	4287 - 4835	4287 - 4835

Section 4 – Action IDs for Submissions and Order Numbers

List Action IDs for Drilling Sundries	Was an Order required / needed (Y/N), if yes list Order number:
C-104 RT Action ID (if C-104NW): N/A	Communitization Agreement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.
Surface Casing Action ID:	Unit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.
Intermediate 1 Casing Action ID:	Compulsory Pooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.
Intermediate 2 Casing Action ID:	Down Hole Commingling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.
Production Casing Action ID:	Surface Commingling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.
All casing was pressure tested in accordance with NMAC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Non-standard Location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Common ownership Order No.
Liner 1 Action ID:	Non-standard Proration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.
Casing was installed prior to OCD's Action ID system (Y/N): Y	Simultaneous Dedication: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.

Section 5 - Operator Signature and Certification

<input type="checkbox"/> X I hereby certify that the required Water Use Report has been, or will be, submitted for this well's completion.	
<input type="checkbox"/> X I hereby certify that the required Fracfocus disclosure has been, or will be, submitted for this well's completion.	
<input type="checkbox"/> X I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Name CONNIE BLAYLOCK	
Title REGULATORY ANALYST	Date 11/24/2025

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		Submittal Type: <input type="checkbox"/> Initial Submittal <input checked="" type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled

WELL LOCATION INFORMATION

API Number	30-025-30714	Pool Code	62180	Pool Name	VACUUM; GRAYBURG- SAN ANDRES	
Property Code	331870	Property Name	CENTRAL VACUUM UNIT		Well Number	268
OGRID No.	330132	Operator Name	MORNINGSTAR OPERATING LLC		Ground Level Elevation	4002'
Surface Owner: <input type="checkbox"/> X 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	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
F	36	17S	34E		2310 FNL	1980 FWL	32.79242	-103.51624	LEA

Bottom Hole Location N/A

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County

Dedicated Acres	40	Infill or Defining Well	N/A	Defining Well API	N/A	Overlapping Spacing Unit (Y/N)	N	Consolidation Code	U	
Order Numbers.						Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Kick Off Point (KOP) N/A

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County

First Take Point (FTP) N/A

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County

Last Take Point (LTP) N/A

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County

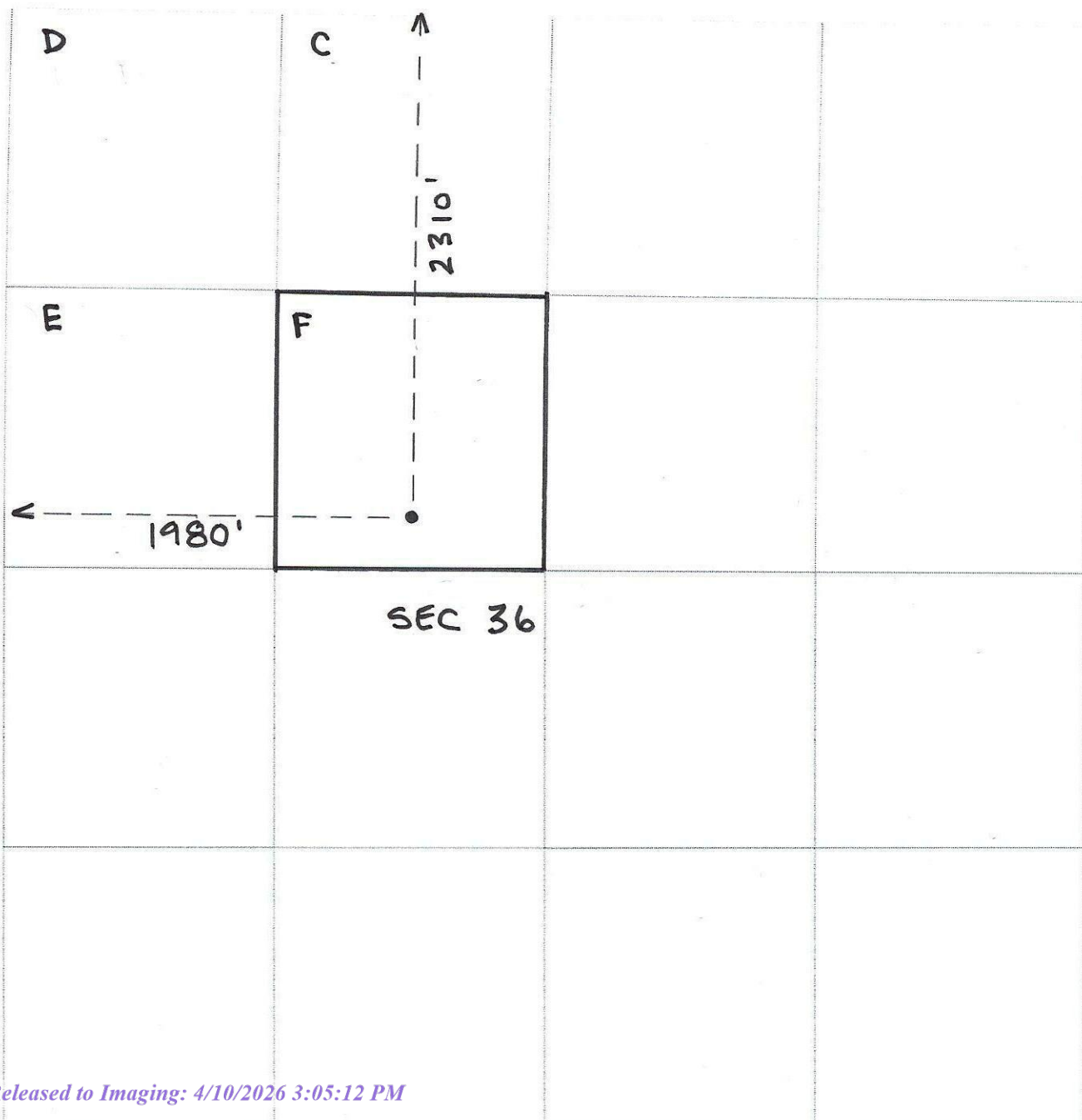
Unitized Area or Area of Uniform Interest	Spacing Unit Type <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical	Ground Floor Elevation:
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<p>OPERATOR CERTIFICATIONS</p> <p><i>I hereby certify that the information contained 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.</i></p> <p><i>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.</i></p> <p><u>Connie Blaylock</u> 11/24/2025 Signature Date</p> <p>CONNIE BLAYLOCK Printed Name</p> <p>cblaylock@txpartners.com Email Address</p>	<p>SURVEYOR CERTIFICATIONS</p> <p><i>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.</i></p> <p>_____ Signature and Seal of Professional Surveyor</p> <p>Certificate Number _____ Date of Survey _____</p>
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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.

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.



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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

PB, RECOMPL TO SA
 RENAME (formerly VGWU
 73H)

Section 1 - Operator and Well Information

Submittal Type: <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepening <input type="checkbox"/> Plugback <input checked="" type="checkbox"/> Different Reservoir <input type="checkbox"/> C-144 Closure Attachment <input type="checkbox"/> Other	
Operator Name: MORNINGSTAR OPERATING LLC	OGRID: 330132
Property Name and Well Number: CENTRAL VACUUM UNIT #268	Property Code: 331870
Mineral Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal	API Number: 30-025-30714
Pool Name: VACUUM; GRAYBURG-SAN ANDRES	Pool Code: 62180

Section 2 – Well Location

	Ul or lot no.	Section	Township	Range	Lot Id	Feet from	N/S Line	Feet from	E/W Line	County
SHL:	F	36	17S	34E		2310	N	1980	W	LEA
BHL										

Section 3 – Completion Information

Date T.D. Reached N/A	Total Measured Depth of Well 6260'	Acid Volume (bbls) 363 BBLS	<input type="checkbox"/> Directional Survey Submitted <input type="checkbox"/> Deviation Survey Submitted	N/A
Date Rig Released 11/20/2025	Plug-Back Measured Depth 4975'	Completion Fluid Used (bbls) N/A	Were Logs Ran (Y/N) Y	
Completion Date 11/20/2025	Perforations (MD and TVD) 4287' -4835' MD, TVD	Completion Proppant Used (lbs) N/A	List Type of Logs Ran if applicable: CBL	

Section 4 – Action IDs for Submissions and Order Numbers

Surface Casing Action ID: N/A	UIC Permit/Order (UIC wells only) <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Intermediate 1 Casing Action ID:	NOI Recomplete Action ID (if applicable): C-101 ID#488376
Intermediate 2 Casing Action ID:	NOI Plugback Action ID (if applicable): N/A
Production Casing Action ID:	Cement Squeeze Action ID (if applicable): N/A
Tubing Action ID:	All casing was pressure tested in accordance with NMAC <input type="checkbox"/> Yes <input type="checkbox"/> No
Liner 1 Action ID:	Casing was installed prior to Action ID system (Y/N): Y

Section 5 – Test Data

Date First Production 11/20/2025	Production Method ROD PUMP	Well Status PRODUCING	Gas – Oil Ratio 83.2 MCF / BO
Date of Test 11/22/2025	Choke Size 64	Flowing Tubing Pressure 360 #	Casing Pressure 320 #
24 hr Oil (bbls) 29.4	24 hr Gas (MCF) 2449	24 hr Water (bbls) 574	Oil Gravity - API 38.2 DEG
Disposition of Gas: SOLD			

Section 6 – Pits N/A

<input type="checkbox"/> A temporary pit was used at the well. If so, attach a plat with the location of the temporary pit.	NO
<input type="checkbox"/> A Closed Loop System was used.	NO
<input type="checkbox"/> If an on-site burial was used at the well, report the exact location of the on-site burial: LAT: _____ LONG: _____	NONE

Section 7 - Operator Signature and Certification

<input type="checkbox"/> X I hereby certify that the required Water Use Report has been, or will be, submitted for this well's completion.	
<input type="checkbox"/> X I hereby certify that the required Fracfocus disclosure has been, or will be, submitted for this well's completion.	
<input type="checkbox"/> X I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Name CONNIE BLAYLOCK	
Title REGULATORY ANALYST	Date 12/01/2025

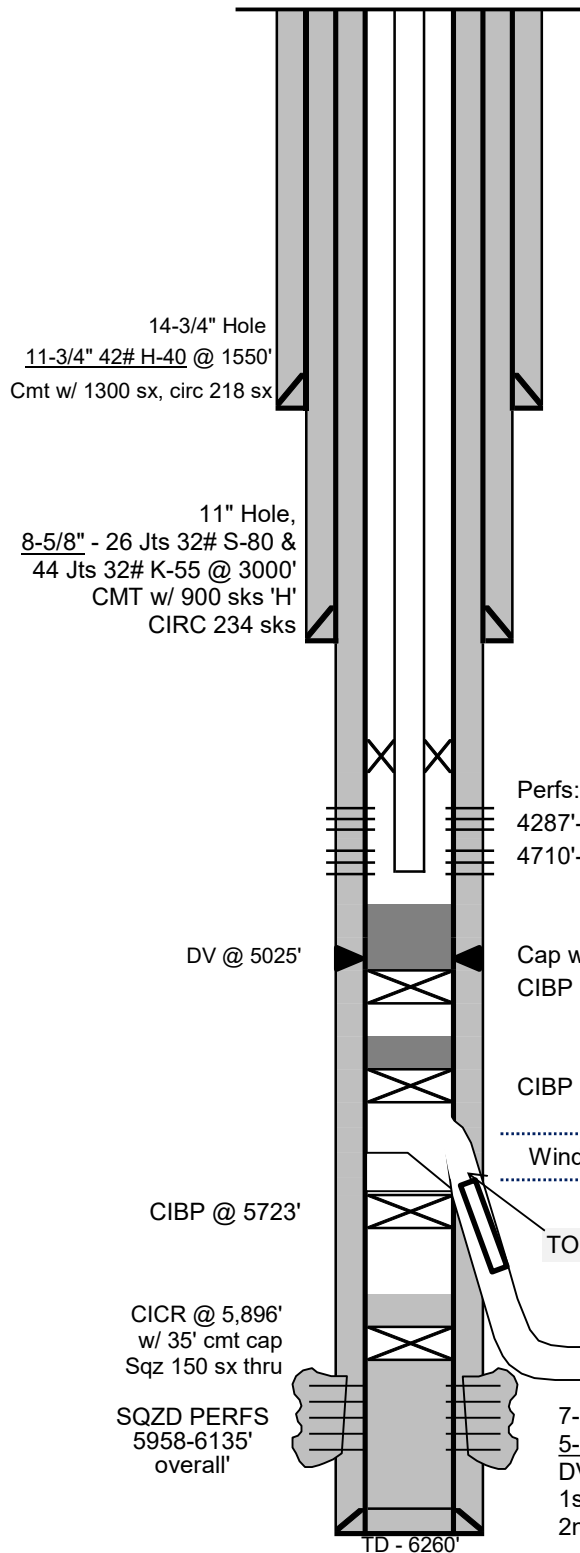
N/A (Recompletion)

South Formations				North Formations			
Formation/Zone	MD	TVD	W/O/G	Formation/Zone	MD	TVD	W/O/G
T. Anhy				T. San Jose			
T. Salt				T. Nacimiento			
B. Salt				T. Ojo Alamo			
T. Yates				T. Kirtland			
T. 7 Rivers				T. Fruitland			
T. Queen				T. Pictured Cliffs			
T. Grayburg		3894		T. Lewis Shale			
T. San Andres		4335		T. Chacra			
T. Glorieta				T. Cliff House			
T. Yeso				T. Menefee			
T. Paddock				T. Point Lookout			
T. Blinebry				T. Mancos			
T. Tubb				T. Gallup			
T. Drinkard				T. Greenhorn			
T. Abo				T. Graneros			
T. Wolfcamp				T. Dakota			
T. Penn				T. Morrison			
T. Cisco				T. Bluff			
T. Canyon				T. Todilto			
T. Strawn				T. Entrada			
T. Atoka				T. Wingate			
T. Morrow				T. Chinle			
T. Barnett Shale				T. Permian			
T. Miss				T. Penn A"			
T. Woodford Shale				T. Penn. "B"			
T. Devonian				T. Penn. "C"			
T. Silurian				T. Penn. "D"			
T. Fusselman				T. Leadville			
T. Montoya				T. Madison			
T. Simpson				T. Elbert			
T. McKee				T. McCracken			
T. Waddell				T. Ignacio Otzte			
T. Connel				T. Granite			
T. Ellenburger				T. Hermosa			
T. Gr. Wash				T. De Chelly			
T. Delaware Sand				T. Pinkerton			
T. Lamar Lime							
T. Bell Canyon							
T. Cherry Canyon							
T. Brushy Canyon							
T. Bone Springs							
T. 1st BS Sand							
T. 2nd BS Carbonate							
T. 2nd BS Sand							
T. 3rd BS Carbonate							
T. 3rd BS Sand							

CVU #268 (formerly VGWU #73H)
API No. 30-025-30714
WBD

Well Info.

2310' FNL & 1980' FWL
 Unit Letter F
 Sec 36-Twsp 17-S, Rng 34-E
 Lea County, New Mexico
Elev: 4002' GR, 4015' KB
 SPUD: 1/29/1990



Tubing (11/19/2025):

- 130 jts 2-7/8" J55 tbg
- 4' tbg sub
- 2 jts 2-7/8" tbg
- 5-1/2" TAC @ 4111'
- 23 jts 2-7/8" tbg
- 1 jt 2-7/8" IPC tbg
- SN @ 4858'
- 4' tbg sub
- 3-1/2" slotted MAJ
- EOT @ 4892'

Rods (11/20/2025):

- 1-1/2" x 26' polish rod
- 1' x 2', 4', 8' pony rods
- 73- 1" KD rods
- 80- 7/8" KD rods
- 21- 3/4" KD rods
- 18- 1-1/2" sinker bars
- RHBO tool
- 4' stabilizer
- 2" insert pump
- w/ 1-1/4" gas anchor

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-30714
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator MORNINGSTAR OPERATING LLC		6. State Oil & Gas Lease No.
3. Address of Operator 400 W 7TH ST, FORT WORTH, TX 76102		7. Lease Name or Unit Agreement Name CENTRAL VACUUM UNIT
4. Well Location Unit Letter <u>F</u> : <u>2310</u> feet from the <u>N</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>36</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>LEA</u>		8. Well Number 268
		9. OGRID Number 330132
		10. Pool name or Wildcat VACUUM; GRAYBURG-SAN ANDRES
		11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4002' GL

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 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 checked="" type="checkbox"/>	PB, RECOMPLETE

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.

10/9/2025 – Ran CBL.

11/4/2025 MIRU. RU chart recorder. Tested casing to 500 psi for 30 min, good. Ran bit and scraper to 5100'. Ran and set CIBP @ 5100'. RU cementers, spotted 17 sx cement on top of CIBP. WOC. Tagged top @ 4975'. RU WLU.

Perfd 4710'-15', 4720'-25', 4731'-34', 4743'-49', 4761'-67', 4773'-79', 4796'-99', 4809'-13', 4819'-24', 4826'-35'. Ran packer and workstring, set packer @ 4664'. Acidized perfs with 6250 gals 15% HCL. Pulled packer. RU WLU. Ran and set CIBP @ 4630'.

Perfd 4287'-97', 4350'-53', 4367'-71', 4374'-80, 4393'-4403', 4421'-26', 4433'-35', 4536'-39', 4541'-45', 4547'-50', 4556'-64'. Ran and set packer @ 4243'. Acidized well with 9000 gals 15% HCL. Waited on acid to spend. Pulled pkr. Ran bit, tag @ 4612', drilled out fill and CIBP, cleaned out to 4975'. Pulled bit. Hydrotested production tubing into well. Ran pump and rods.

11/20/2025 – RDMO. Put well on production.

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 Connie Blaylock TITLE REGULATORY ANALYST DATE 03/17/2026

Type or print name CONNIE BLAYLOCK E-mail address: cblaylock@txopartners.com PHONE: 817-334-7882

For State Use Only

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

Sante Fe Main Office
Phone: (505) 476-3441

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Phone: (505) 629-6116

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State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

ACKNOWLEDGMENTS

Action 563842

ACKNOWLEDGMENTS

Operator: MorningStar Operating LLC 400 W 7th St Fort Worth, TX 76102	OGRID: 330132
	Action Number: 563842
	Action Type: [C-104] Completion Packet - New Well (C-104NW)

ACKNOWLEDGMENTS

<input checked="" type="checkbox"/>	I hereby certify that the required Water Use Report has been, or will be, submitted for this wells completion.
<input checked="" type="checkbox"/>	I hereby certify that the required FracFocus disclosure has been, or will be, submitted for this wells completion.
<input checked="" type="checkbox"/>	I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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CONDITIONS

Action 563842

CONDITIONS

Operator: MorningStar Operating LLC 400 W 7th St Fort Worth, TX 76102	OGRID: 330132
	Action Number: 563842
	Action Type: [C-104] Completion Packet - New Well (C-104NW)

CONDITIONS

Created By	Condition	Condition Date
plmartinez	None	4/10/2026