

| <b>District I</b><br>1625 N. French Dr., Hobbs, NM 88240<br>Phone:(575) 393-6161 Fax:(575) 393-0720<br><b>District II</b><br>811 S. First St., Artesia, NM 88210<br>Phone:(575) 748-1283 Fax:(575) 748-9720<br><b>District III</b><br>1000 Rio Brazos Rd., Aztec, NM 87410<br>Phone:(505) 334-6178 Fax:(505) 334-6170<br><b>District IV</b><br>1220 S. St Francis Dr., Santa Fe, NM 87505<br>Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <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>Permit 297569<br>WELL API NUMBER<br>30-015-46402<br>5. Indicate Type of Lease<br>S<br>6. State Oil & Gas Lease No.<br><br>7. Lease Name or Unit Agreement Name<br>LONE TREE DRAW 14 13<br>STATE COM |                                           |                              |                       |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
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| <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>O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               | 8. Well Number<br>332H                                                                                                                                                                                                              |                                           |                              |                       |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| 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>E</u> : <u>1715</u> feet from the <u>N</u> line and feet <u>280</u> from the <u>W</u> line<br>Section <u>14</u> Township <u>21S</u> Range <u>27E</u> NMPM _____ County <u>Eddy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                                     |                                           |                              |                       |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3255 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:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                                     | NOTICE OF INTENTION TO:                   |                              | SUBSEQUENT REPORT OF: |                        | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                                                                                                                                                                                               |                                           |                              |                       |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                              | ALTER CASING <input type="checkbox"/>     |                              |                       |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                                                                                                                                                                                    | PLUG AND ABANDON <input type="checkbox"/> |                              |                       |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                                                                                                                                                                                          |                                           |                              |                       |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | Other: <u>Drilling/Cement</u> <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>SPUD 03/15/2021 <b>15/2021</b> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                               |                                                                                                                                                                                                                                     |                                           |                              |                       |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| <b>Casing and Cement Program</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>03/15/21</td> <td>Surf</td> <td></td> <td>17.5</td> <td>13.375</td> <td>54.5</td> <td>J-55</td> <td>0</td> <td>319</td> <td>625</td> <td>1.33</td> <td>C</td> <td></td> <td>1500</td> <td></td> <td></td> </tr> <tr> <td>03/21/21</td> <td>Int1</td> <td></td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>J-55</td> <td>0</td> <td>3057</td> <td>515</td> <td>2.95</td> <td>C</td> <td></td> <td>1500</td> <td></td> <td></td> </tr> <tr> <td>03/21/21</td> <td>Int1</td> <td></td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>J-55</td> <td>2548</td> <td>3057</td> <td>150</td> <td>1.33</td> <td>C</td> <td></td> <td>1500</td> <td></td> <td></td> </tr> <tr> <td>04/01/21</td> <td>Prod</td> <td></td> <td>8.75</td> <td>5.5</td> <td>20</td> <td>P-110</td> <td>0</td> <td>19117</td> <td>395</td> <td>4.51</td> <td>H</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>04/01/21</td> <td>Prod</td> <td></td> <td>8.75</td> <td>5.5</td> <td>20</td> <td>P-110</td> <td>4991</td> <td>19117</td> <td>2170</td> <td>1.57</td> <td>H</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                               |                                                                                                                                                                                                                                     | Date                                      | String                       | Fluid Type            | Hole Size              | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 03/15/21     | Surf |                                                                   | 17.5 | 13.375 | 54.5 | J-55 | 0 | 319 | 625 | 1.33 | C |  | 1500 |  |  | 03/21/21 | Int1 |  | 12.25 | 9.625 | 40 | J-55 | 0 | 3057 | 515 | 2.95 | C |  | 1500 |  |  | 03/21/21 | Int1 |  | 12.25 | 9.625 | 40 | J-55 | 2548 | 3057 | 150 | 1.33 | C |  | 1500 |  |  | 04/01/21 | Prod |  | 8.75 | 5.5 | 20 | P-110 | 0 | 19117 | 395 | 4.51 | H |  |  |  |  | 04/01/21 | Prod |  | 8.75 | 5.5 | 20 | P-110 | 4991 | 19117 | 2170 | 1.57 | H |  |  |  |  |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | String                                                                                                                                                                        | Fluid Type                                                                                                                                                                                                                          | Hole Size                                 | Csg Size                     | Weight lb/ft          | Grade                  | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| 03/15/21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Surf                                                                                                                                                                          |                                                                                                                                                                                                                                     | 17.5                                      | 13.375                       | 54.5                  | J-55                   | 0                                              | 319                                       | 625                                    | 1.33                                  | C                                            |                                          | 1500                                             |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| 03/21/21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          |                                                                                                                                                                                                                                     | 12.25                                     | 9.625                        | 40                    | J-55                   | 0                                              | 3057                                      | 515                                    | 2.95                                  | C                                            |                                          | 1500                                             |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| 03/21/21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          |                                                                                                                                                                                                                                     | 12.25                                     | 9.625                        | 40                    | J-55                   | 2548                                           | 3057                                      | 150                                    | 1.33                                  | C                                            |                                          | 1500                                             |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| 04/01/21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prod                                                                                                                                                                          |                                                                                                                                                                                                                                     | 8.75                                      | 5.5                          | 20                    | P-110                  | 0                                              | 19117                                     | 395                                    | 4.51                                  | H                                            |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| 04/01/21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prod                                                                                                                                                                          |                                                                                                                                                                                                                                     | 8.75                                      | 5.5                          | 20                    | P-110                  | 4991                                           | 19117                                     | 2170                                   | 1.57                                  | H                                            |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| 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 NMOC 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>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td><u>Supervisor Land</u></td> <td>DATE</td> <td><u>6/22/2021</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@dvnm.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>6/22/2021</u>                          | Type or print name                     | <u>Jeff Walla</u>                     | E-mail address                               | <u>Jeff.Walla@dvnm.com</u>               | Telephone No.                                    | <u>575-748-9925</u>                       |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                                               | <u>Supervisor Land</u>                    | DATE                         | <u>6/22/2021</u>      |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Jeff Walla</u>                                                                                                                                                             | E-mail address                                                                                                                                                                                                                      | <u>Jeff.Walla@dvnm.com</u>                | Telephone No.                | <u>575-748-9925</u>   |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |
| <b>For State Use Only:</b><br>APPROVED BY: <u>Kurt Simmons</u> TITLE <u>Petroleum Specialist - A</u> DATE <u>6/24/2021 9:22:12 AM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                                                                                                                                                                                     |                                           |                              |                       |                        |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |        |      |      |   |     |     |      |   |  |      |  |  |          |      |  |       |       |    |      |   |      |     |      |   |  |      |  |  |          |      |  |       |       |    |      |      |      |     |      |   |  |      |  |  |          |      |  |      |     |    |       |   |       |     |      |   |  |  |  |  |          |      |  |      |     |    |       |      |       |      |      |   |  |  |  |  |