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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|-----------------------------------------------------------------|--|
| Form 3160-5<br>(June 2019)                                                                                                                                                   |  | UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT |  | FORM APPROVED<br>OMB No. 1004-0137<br>Expires: October 31, 2021 |  |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><i>Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.</i> |  |                                                                          |  | 5. Lease Serial No.<br>JIC68                                    |  |
|                                                                                                                                                                              |  |                                                                          |  | 6. If Indian, Allottee or Tribe Name<br>JICARILLA APACHE        |  |
|                                                                                                                                                                              |  |                                                                          |  | 7. If Unit of CA/Agreement, Name and/or No.                     |  |
| SUBMIT IN TRIPLICATE - Other instructions on page 2                                                                                                                          |  |                                                                          |  | 8. Well Name and No.<br>JICARILLA B/26                          |  |
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other                                             |  |                                                                          |  | 9. API Well No.<br>3003922842                                   |  |
| 2. Name of Operator<br>ENDURING RESOURCES LLC                                                                                                                                |  |                                                                          |  | 10. Field and Pool or Exploratory Area<br>BASIN/BASIN           |  |
| 3a. Address<br>1050 17TH STREET SUITE 2500, DENVER, CO                                                                                                                       |  | 3b. Phone No. (include area code)<br>(303) 573-1222                      |  | 11. Country or Parish, State<br>RIO ARRIBA/NM                   |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>SEC 31/T25N/R5W/NMP                                                                                |  |                                                                          |  |                                                                 |  |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------|--|
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                               |                                                    |                                           |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               | TYPE OF ACTION                                |                                                    |                                           |  |
| <input type="checkbox"/> Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off   |  |
| <input type="checkbox"/> Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity   |  |
| <input type="checkbox"/> Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction     | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon     | <input type="checkbox"/> Temporarily Abandon       |                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back            | <input type="checkbox"/> Water Disposal            |                                           |  |
| 13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be perfonned or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamaiton, have been completed and the operator has detennined that the site is ready for final inspection.) |                                               |                                               |                                                    |                                           |  |

RETURNED TO PRODUCTION 12/15/22 351 MCF

|                                                                                                                              |  |                                |  |
|------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|
| 14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)<br>HEATHER HUNTINGTON / Ph: (505) 386-8205 |  | Title<br>Permitting Technician |  |
| Signature                                                                                                                    |  | Date<br>01/19/2023             |  |

THE SPACE FOR FEDERAL OR STATE OFFICE USE

|                                                                                                                                                                                                                                                           |  |                             |  |                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|--|--------------------|--|
| Approved by<br>KENNETH G RENNICK / Ph: (505) 564-7742 / Accepted                                                                                                                                                                                          |  | Title<br>Petroleum Engineer |  | Date<br>01/25/2023 |  |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. |  | Office<br>RIO PUERCO        |  |                    |  |

Title 18 U.S.C Section 1001 and Title 43 U.S.C Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

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

CONDITIONS

Action 181775

CONDITIONS

|                                                                                                |                                                    |
|------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Operator:<br>ENDURING RESOURCES, LLC<br>6300 S Syracuse Way, Suite 525<br>Centennial, CO 80111 | OGRID:<br>372286                                   |
|                                                                                                | Action Number:<br>181775                           |
|                                                                                                | Action Type:<br>[C-103] Sub. For Delivery (C-103V) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| smcgrath   | None      | 2/16/2023      |