

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	Form C-103 August 1, 2011 Permit 342483 WELL API NUMBER 30-025-51528 5. Indicate Type of Lease State 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name SKY DWELLER 14 STATE COM
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		
1. Type of Well: Oil		8. Well Number 007H
2. Name of Operator Avant Operating, LLC		9. OGRID Number 330396
3. Address of Operator 1515 Wynkoop Street, Suite 700, Denver, CO 80202		10. Pool name or Wildcat
4. Well Location Unit Letter <u>C</u> : <u>160</u> feet from the <u>N</u> line and feet <u>1975</u> from the <u>W</u> line Section <u>14</u> Township <u>18S</u> Range <u>34E</u> NMPM _____ County <u>Lea</u>		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 4006 GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
Other: _____		Other: Spud <input checked="" type="checkbox"/>
SUBSEQUENT REPORT OF:		
ALTER CASING <input type="checkbox"/>		
PLUG AND ABANDON <input 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.		
6/6/2023 Spudded well. Spud the 14.75 hole size on 6/6/23.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		
SIGNATURE	Electronically Signed _____	TITLE
Type or print name	Sarah Ferreyros	E-mail address
		Director of Regulatory _____
		DATE
		6/16/2023
		Telephone No.
		720-854-9020
For State Use Only:		
APPROVED BY:	Sarah K McGrath _____	TITLE
		Petroleum Specialist - A _____
		DATE
		6/23/2023