| eceined by OCP 7/18/2   | 023 <u>11</u> :25:5 | 6 AM   | State of                  | New Me                       | exico      |                    |                   | Form C-103 <sup>1</sup>               |  |  |
|---|---------------------|--|---------------------------|------------------------------|------------|--------------------|-------------------|---------------------------------------|--|--|
| Office  |                     |  |                           | nerals and Natural Resources |            |                    |                   | Revised July 18, 2013                 |  |  |
| 1625 N. French Dr., Hobbs, NM 88240   |                     |  |                           |                              |            |                    |                   | API NO. 30-015-43728                  |  |  |
| 811 S. First St., Artesia, NM   |                     | OIL CONSERVATION DIVISION                        |                           |                              |            |                    | ate Type of Lease |                                       |  |  |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec  | 1                   | 1220 South St. Francis Dr.<br>Santa Fe, NM 87505 |                           |                              |            |                    | TATE FEE          |                                       |  |  |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Sant  |                     |  | Sama r                    | e, NWI 8                     | 7303       |                    | 6. State          | Oil & Gas Lease No.                   |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOTICE THIS FORM FOR PROPOSALS TO DRIVE OF TO DEFERENCE BUILDING BACK TO A                                 |                     |  |                           |                              |            |                    |                   | Name or Unit Agreement Name           |  |  |
| (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 |                     |  |                           |                              |            |                    |                   | n 35 M Federal                        |  |  |
| PROPOSALS.) 1. Type of Well: Oil Well ☒ Gas Well ☐ Other  |                     |  |                           |                              |            |                    |                   | 8. Well Number 21                     |  |  |
| 2. Name of Operator  Redwood Operating LLC  |                     |  |                           |                              |            |                    |                   | ID Number                             |  |  |
| 2 Address of Operato  |                     | 10 Pool  | 330211<br>name or Wildcat |                              |            |                    |                   |                                       |  |  |
| 3. Address of Operato   | PO Box 1            | 370 Artesia, l                                   | NM 88211-                 | 1370                         |            |                    |                   | Lake;Glorieta-Yeso                    |  |  |
| 4. Well Location  |                     |  |                           |                              |            |                    |                   | -                                     |  |  |
| Unit Letter   | <u></u>             | fe   | et from the               | South                        |            | line and           | 985               | _feet from theWestline                |  |  |
| Section   | 35                  |  | ownship                   |                              | ange       | 27E<br>RT, GR, etc | NMPM              | County Eddy                           |  |  |
|   |                     | <i>c</i> .)                                      |                           |                              |            |                    |                   |                                       |  |  |
|   |                     |  |                           | 615' GR                      |            |                    |                   |                                       |  |  |
| 12  | 2. Check A          | Appropriate                                      | Box to I                  | ndicate N                    | Vature     | of Notice          | e, Report o       | r Other Data                          |  |  |
| NOTI  | CE OE IN            | ITENTION   | тО.                       |                              | I          | QI I               | DOEO!!E           | NT REPORT OF:                         |  |  |
| PERFORM REMEDIA   | _                   |  | _                         | N 🗆                          | REM        | IEDIAL WO          |                   | ☐ ALTERING CASING ☐                   |  |  |
| TEMPORARILY ABAN  |                     | CHANGE F   |                           | ` 🗖                          |            |                    | RILLING OP        |                                       |  |  |
| PULL OR ALTER CAS   | ING 🗌               | MULTIPLE   | COMPL                     |                              | CAS        | ING/CEME           | NT JOB            |                                       |  |  |
| DOWNHOLE COMMIN   |                     |  |                           |                              |            |                    |                   |                                       |  |  |
| CLOSED-LOOP SYST<br>OTHER:  | EM                  |  |                           |                              | ОТН        | FR· Fy             | pired APD         | [X]                                   |  |  |
|   | sed or comp         | leted operation                                  | ons. (Clearl              | y state all                  |            |                    |                   | inent dates, including estimated date |  |  |
|   |                     |  | JLE 19.15.7               | 7.14 NMA                     | C. For     | Multiple C         | ompletions:       | Attach wellbore diagram of            |  |  |
| proposed comp   | oletion or rec      | completion.                                      |                           |                              |            |                    |                   |                                       |  |  |
|   |                     | TEL I 2  | 7.M.T. 1                  | 1 //01 ADD                   |            | 1 4 11             | 17 2020           |                                       |  |  |
|   |                     | The Logan 3:                                     | 5 M Federa                | 1#21 APD                     | expire     | d on April         | 17, 2020.         |                                       |  |  |
|   |                     |  |                           |                              |            |                    |                   |                                       |  |  |
|   |                     |  |                           |                              |            |                    |                   |                                       |  |  |
|   |                     |  |                           |                              |            |                    |                   |                                       |  |  |
|   |                     |  |                           |                              |            |                    |                   |                                       |  |  |
|   |                     |  |                           |                              |            |                    |                   |                                       |  |  |
|   |                     |  |                           |                              |            |                    |                   |                                       |  |  |
|   |                     |  |                           |                              |            |                    |                   |                                       |  |  |
|   |                     |  | $\neg$                    |                              | Г          |                    |                   |                                       |  |  |
| Spud Date:  |                     |  | Rig                       | Release Da                   | ate:       |                    |                   |                                       |  |  |
|   |                     |  |                           |                              | L          |                    |                   |                                       |  |  |
| Thereber contifer that the  | :C                  | ala a sa da  | 4 1                       | -4- 4- 41- 1-                | 4 -C       | 11                 | 1                 | <u>r</u>                              |  |  |
| I hereby certify that the   | information         | above is true                                    | and comple                | ete to the b                 | est of i   | ny knowied         | ige and belie     | Г.                                    |  |  |
| SIGNATURE   | rry W.              | Sherre   | <u>И</u> тіт              | LE Regi                      | ulatory    | Supervisor         |                   | DATE7/18/2023                         |  |  |
| (/  | erry W Sher         |  |                           | nail addras                  | c. i       | errys@mec.         | com               | PHONE: _575-748-1288                  |  |  |
| For State Use Only  | 211y 11 BHCI        | 1 011  | E-II                      | nan auures                   | .s <u></u> | on your moo.       | .00111            | FHONE, _5/5-/40-1200                  |  |  |
| APPROVED BY:  |                     |  | TIT                       | LE                           |            |                    |                   | DATE                                  |  |  |
| Conditions of Approval  |                     |  |                           |                              |            |                    |                   |                                       |  |  |

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

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 241493

## **CONDITIONS**

| Operator:             | OGRID:                                 |
|-----------------------|--|
| Redwood Operating LLC | 330211                                 |
| PO Box 1370           | Action Number:                         |
| Artesia, NM 88210     | 241493                                 |
|                       | Action Type:                           |
|                       | [C-103] Sub. APD Cancellation (C-103C) |

## CONDITIONS

| Created By      | Condition | Condition<br>Date |
|-----------------|-----------|-------------------|
| hailee.thompson | None      | 1/16/2024         |