

| <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 349686<br>WELL API NUMBER<br>30-025-49772<br>5. Indicate Type of Lease<br>State<br>6. State Oil & Gas Lease No.<br>7. Lease Name or Unit Agreement Name<br>QUIJOTE 2 STATE COM |                                           |                              |                             |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------|-----------------------------|-------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------|---------------------------------------|----------------------------------------------|------------------------------------------|--------------------------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------|-----------|--------------|------|-------------------------------------------------------------------|----|--------|------|-----|---|-----|-----|-----|---|---|------|---|---|----------|------|------------|-------|-------|----|-----|---|------|------|-----|---|---|------|---|---|----------|------|------------|-------|-----|----|--------|------|-------|------|------|---|---|-------|---|---|
| <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>Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               | 8. Well Number<br>504H                                                                                                                                                                                                |                                           |                              |                             |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| 2. Name of Operator<br>EOG RESOURCES INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               | 9. OGRID Number<br>7377                                                                                                                                                                                               |                                           |                              |                             |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| 3. Address of Operator<br>P.O. Box 2267, Midland, TX 79702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                              |                                           |                              |                             |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| 4. Well Location<br>Unit Letter <u>B</u> : <u>365</u> feet from the <u>N</u> line and feet <u>1974</u> from the <u>E</u> line<br>Section <u>2</u> Township <u>26S</u> Range <u>32E</u> NMPM County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               |                                                                                                                                                                                                                       |                                           |                              |                             |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3330 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>5/4/2022 Test Prod csg to 11,400 psi for 30 min, press held <b>2/16/2022</b> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                                                                                                                                                       |                                           |                              |                             |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| <b>Casing and Cement Program</b><br><table 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>02/28/22</td> <td>Surf</td> <td>FreshWater</td> <td>16</td> <td>13.375</td> <td>54.5</td> <td>J55</td> <td>0</td> <td>909</td> <td>535</td> <td>1.6</td> <td>C</td> <td>0</td> <td>1500</td> <td>0</td> <td>Y</td> </tr> <tr> <td>03/11/22</td> <td>Int1</td> <td>FreshWater</td> <td>12.25</td> <td>9.625</td> <td>40</td> <td>J55</td> <td>0</td> <td>4669</td> <td>1665</td> <td>1.6</td> <td>C</td> <td>0</td> <td>1870</td> <td>0</td> <td>Y</td> </tr> <tr> <td>03/17/22</td> <td>Prod</td> <td>FreshWater</td> <td>7.875</td> <td>5.5</td> <td>20</td> <td>ECP110</td> <td>1692</td> <td>15362</td> <td>1420</td> <td>1.26</td> <td>H</td> <td>0</td> <td>11400</td> <td>0</td> <td>Y</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 | 02/28/22     | Surf | FreshWater                                                        | 16 | 13.375 | 54.5 | J55 | 0 | 909 | 535 | 1.6 | C | 0 | 1500 | 0 | Y | 03/11/22 | Int1 | FreshWater | 12.25 | 9.625 | 40 | J55 | 0 | 4669 | 1665 | 1.6 | C | 0 | 1870 | 0 | Y | 03/17/22 | Prod | FreshWater | 7.875 | 5.5 | 20 | ECP110 | 1692 | 15362 | 1420 | 1.26 | H | 0 | 11400 | 0 | Y |
| 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                                     |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| 02/28/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Surf                                                                                                                                                                          | FreshWater                                                                                                                                                                                                            | 16                                        | 13.375                       | 54.5                        | J55                     | 0                                              | 909                                       | 535                                    | 1.6                                   | C                                            | 0                                        | 1500                                             | 0                                         | Y                                             |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| 03/11/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Int1                                                                                                                                                                          | FreshWater                                                                                                                                                                                                            | 12.25                                     | 9.625                        | 40                          | J55                     | 0                                              | 4669                                      | 1665                                   | 1.6                                   | C                                            | 0                                        | 1870                                             | 0                                         | Y                                             |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| 03/17/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Prod                                                                                                                                                                          | FreshWater                                                                                                                                                                                                            | 7.875                                     | 5.5                          | 20                          | ECP110                  | 1692                                           | 15362                                     | 1420                                   | 1.26                                  | H                                            | 0                                        | 11400                                            | 0                                         | Y                                             |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| 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"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               |                                                                                                                                                                                                                       |                                           |                              |                             |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| <table style="width:100%;"> <tr> <td>SIGNATURE</td> <td><u>Electronically Signed</u></td> <td>TITLE</td> <td><u>Regulatory Agent</u></td> <td>DATE</td> <td><u>9/6/2023</u></td> </tr> <tr> <td>Type or print name</td> <td><u>Kay Maddox</u></td> <td>E-mail address</td> <td><u>kay_maddox@eogresources.com</u></td> <td>Telephone No.</td> <td><u>432-686-3658</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                                                                                                                                                                                       | SIGNATURE                                 | <u>Electronically Signed</u> | TITLE                       | <u>Regulatory Agent</u> | DATE                                           | <u>9/6/2023</u>                           | Type or print name                     | <u>Kay Maddox</u>                     | E-mail address                               | <u>kay_maddox@eogresources.com</u>       | Telephone No.                                    | <u>432-686-3658</u>                       |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                                                                                                                                                                                 | <u>Regulatory Agent</u>                   | DATE                         | <u>9/6/2023</u>             |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Kay Maddox</u>                                                                                                                                                             | E-mail address                                                                                                                                                                                                        | <u>kay_maddox@eogresources.com</u>        | Telephone No.                | <u>432-686-3658</u>         |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| <b>For State Use Only:</b><br><table style="width:100%;"> <tr> <td>APPROVED BY:</td> <td><u>Patricia L. Martinez</u></td> <td>TITLE</td> <td>_____</td> <td>DATE</td> <td><u>1/25/2024 9:47:39 AM</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               |                                                                                                                                                                                                                       | APPROVED BY:                              | <u>Patricia L. Martinez</u>  | TITLE                       | _____                   | DATE                                           | <u>1/25/2024 9:47:39 AM</u>               |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Patricia L. Martinez</u>                                                                                                                                                   | TITLE                                                                                                                                                                                                                 | _____                                     | DATE                         | <u>1/25/2024 9:47:39 AM</u> |                         |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |    |        |      |     |   |     |     |     |   |   |      |   |   |          |      |            |       |       |    |     |   |      |      |     |   |   |      |   |   |          |      |            |       |     |    |        |      |       |      |      |   |   |       |   |   |