

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 360482																								
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.)		WELL API NUMBER 30-015-53818																								
1. Type of Well: Oil		5. Indicate Type of Lease State																								
2. Name of Operator LONGFELLOW ENERGY, LP		6. State Oil & Gas Lease No.																								
3. Address of Operator 8115 Preston Road, Suite 800, Dallas, TX 75225		7. Lease Name or Unit Agreement Name MARLEY STATE COM 31 AB																								
4. Well Location Unit Letter <u>A</u> : <u>1045</u> feet from the <u>N</u> line and feet <u>1210</u> from the <u>E</u> line Section <u>36</u> Township <u>17S</u> Range <u>27E</u> NMPM _____ County <u>Eddy</u>		8. Well Number 001H																								
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3623 GR		9. OGRID Number 372210																								
Pit or Below-grade Tank Application ☐ or Closure ☐																										
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 ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ Other: _____ SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTER CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐ CASING/CEMENT JOB ☐ Other: <u>Perforations/Tubing</u> ☒																										
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. RUPU 9/5/2023. Pressure test casing to 7000#. Good test. RIH & Perf from 9105-8932, 8902-8729, 8699-8526, 8496-8323, 8293-8120, 8093-7917, 7887-7714, 7684-7511, 7481-7308, 7275-7105, 7075-8902, 6872-6702, 6596-6431, 6398-6233, 6200-6035, 6008-5837, 5805-5639, 5610-5441, 5409-5243, 5214-5045, 5015-4847, 4817-4649, 4619-451, 4421-4253, 4223-4059. Frac in 25 stages w/ 377442bbls slickwater and 6036891# sand. 9/27/2023 rig down and cleanout. RIH w/ 3-1/2 tbg @ 3618'. Put well on submersible pump. Perforations Pool: RED LAKE; GLORIETA-YESO, NORTHEAST , 96836 Location: A -31-17S-28E 388 N 48 E <table><tr><td>TOP</td><td>BOT</td><td>Open Hole</td><td>Shots/ft</td><td>Shot Size</td><td>Material</td><td>Stimulation</td><td>Amount</td></tr><tr><td>4059</td><td>9105</td><td>N</td><td>6</td><td>0.42</td><td>Sand/Water</td><td>Frac</td><td>6036891</td></tr></table> Tubing RED LAKE; GLORIETA-YESO, NORTHEAST , 96836 <table><tr><td>Tubing Size</td><td>Type</td><td>Depth Set</td><td>Packer Set</td></tr><tr><td>3.5</td><td>L80</td><td>3618</td><td>0</td></tr></table>			TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount	4059	9105	N	6	0.42	Sand/Water	Frac	6036891	Tubing Size	Type	Depth Set	Packer Set	3.5	L80	3618	0
TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount																			
4059	9105	N	6	0.42	Sand/Water	Frac	6036891																			
Tubing Size	Type	Depth Set	Packer Set																							
3.5	L80	3618	0																							
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 ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐ .																										
SIGNATURE	<u>Electronically Signed</u>	TITLE	<u>Engineering Technologist</u>	DATE	<u>2/26/2024</u>																					
Type or print name	<u>David Cain</u>	E-mail address	<u>david.cain@longfellowenergy.com</u>	Telephone No.	<u>972-590-9918</u>																					
For State Use Only:																										
APPROVED BY:	<u>Patricia L Martinez</u>	TITLE	_____	DATE	<u>2/26/2024 2:59:53 PM</u>																					