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| <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 366321                                                                                                                                                                           |
| <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.)                                                                                                                                                                                                                        |                                                                                                                                                                               | WELL API NUMBER<br>30-025-26962                                                                                                                                                                                         |
| 1. Type of Well:<br>Oil                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                               | 5. Indicate Type of Lease<br>State                                                                                                                                                                                      |
| 2. Name of Operator<br>FAE II Operating LLC                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               | 6. State Oil & Gas Lease No.                                                                                                                                                                                            |
| 3. Address of Operator<br>11757 Katy Freeway Suite 725, Houston, TX 77079                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | 7. Lease Name or Unit Agreement Name<br>ARNOTT RAMSAY NCT-B                                                                                                                                                             |
| 4. Well Location<br>Unit Letter <u>F</u> : <u>1980</u> feet from the <u>N</u> line and feet <u>1980</u> from the <u>W</u> line<br>Section <u>32</u> Township <u>25S</u> Range <u>37E</u> NMPM _____ County <u>Lea</u>                                                                                                                                                                                                                |                                                                                                                                                                               | 8. Well Number<br>010                                                                                                                                                                                                   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               | 9. OGRID Number<br>329326                                                                                                                                                                                               |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                               | 10. Pool name or Wildcat                                                                                                                                                                                                |
| 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>NOTICE OF INTENTION TO:<br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>Other: _____                                |                                                                                                                                                                               | SUBSEQUENT REPORT OF:<br><input type="checkbox"/> ALTER CASING <input type="checkbox"/><br><input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>Other: <u>Spud</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:<br>Attach wellbore diagram of proposed completion or recompletion.<br><br><u>9/5/1980</u> Spudded well.<br><br>Spud date updated for system processes                                                               |                                                                                                                                                                               |                                                                                                                                                                                                                         |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Huxley Song</u>                                                                                                                                                            | E-mail address                                                                                                                                                                                                          |
| For State Use Only:                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               | DATE                                                                                                                                                                                                                    |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Sarah K McGrath</u>                                                                                                                                                        | Petroleum Specialist - A                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | DATE                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | <u>5/30/2024</u>                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | <u>832-706-0057</u>                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | <u>5/31/2024</u>                                                                                                                                                                                                        |