

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 370879			
		WELL API NUMBER 30-025-53010			
		5. Indicate Type of Lease State			
		6. State Oil & Gas Lease No.			
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.)		7. Lease Name or Unit Agreement Name OUTLAND STATE UNIT			
1. Type of Well: Oil		8. Well Number 122H			
2. Name of Operator Earthstone Operating, LLC		9. OGRID Number 331165			
3. Address of Operator 300 N. Marienfeld St Ste 1000, Attn: Regulatory, Midland, TX 79701		10. Pool name or Wildcat			
4. Well Location Unit Letter <u>M</u> : <u>897</u> feet from the <u>S</u> line and feet <u>1158</u> from the <u>W</u> line Section <u>13</u> Township <u>21S</u> Range <u>34E</u> NMPM County <u>Lea</u>					
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3651 GR					
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 ☐	REMEDIAL WORK ☐			
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐			
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐			
Other: _____		Other: <u>Spud</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.					
<u>7/27/2024</u> Spudded well.					
<u>7/27/24</u> Spud 17-1/2 hole @ 11:30pm.					
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	Electronically Signed	TITLE	Regulatory Manager	DATE	<u>7/30/2024</u>
Type or print name	<u>Stephanie Rabadue</u>	E-mail address	<u>stephanie.rabadue@permianres.com</u>	Telephone No.	<u>432-260-4388</u>
For State Use Only:					
APPROVED BY:	<u>Sarah K McGrath</u>	TITLE	<u>Petroleum Specialist - A</u>	DATE	<u>8/2/2024</u>