

Sante Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory https://www.emnrd.nm.gov/oed/contact-us	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 378511																																
		WELL API NUMBER 30-015-55404																																
		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 HONEYGRAHAM STATE																																
1. Type of Well: Oil	8. Well Number 704H																																	
2. Name of Operator COG OPERATING LLC	9. OGRID Number 229137																																	
3. Address of Operator 600 W Illinois Ave, Midland, TX 79701	10. Pool name or Wildcat																																	
4. Well Location Unit Letter <u>B</u> : <u>850</u> feet from the <u>N</u> line and feet <u>1755</u> from the <u>E</u> line Section <u>20</u> Township <u>26S</u> Range <u>28E</u> NMPM County <u>Eddy</u>																																		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3086 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 <table border="0"><tr><td colspan="2">NOTICE OF INTENTION TO:</td><td colspan="2">SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK</td><td>☐</td><td>REMEDIAL WORK</td><td>☐</td></tr><tr><td>TEMPORARILY ABANDON</td><td>☐</td><td>COMMENCE DRILLING OPNS.</td><td>☐</td></tr><tr><td>PULL OR ALTER CASING</td><td>☐</td><td>CASING/CEMENT JOB</td><td>☐</td></tr><tr><td>Other:</td><td>☐</td><td>Other: Spud</td><td>☒</td></tr><tr><td>PLUG AND ABANDON</td><td>☐</td><td>ALTER CASING</td><td>☐</td></tr><tr><td>CHANGE OF PLANS</td><td>☐</td><td>PLUG AND ABANDON</td><td>☐</td></tr><tr><td>MULTIPLE COMPL</td><td>☐</td><td></td><td></td></tr></table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK	☐	REMEDIAL WORK	☐	TEMPORARILY ABANDON	☐	COMMENCE DRILLING OPNS.	☐	PULL OR ALTER CASING	☐	CASING/CEMENT JOB	☐	Other:	☐	Other: Spud	☒	PLUG AND ABANDON	☐	ALTER CASING	☐	CHANGE OF PLANS	☐	PLUG AND ABANDON	☐	MULTIPLE COMPL	☐		
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:																																
PERFORM REMEDIAL WORK	☐	REMEDIAL WORK	☐																															
TEMPORARILY ABANDON	☐	COMMENCE DRILLING OPNS.	☐																															
PULL OR ALTER CASING	☐	CASING/CEMENT JOB	☐																															
Other:	☐	Other: Spud	☒																															
PLUG AND ABANDON	☐	ALTER CASING	☐																															
CHANGE OF PLANS	☐	PLUG AND ABANDON	☐																															
MULTIPLE COMPL	☐																																	
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. 11/10/2024 Spudded well. spud 7pm																																		
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>Supervisor Delaware Regulatory</u>	DATE	<u>11/25/2024</u>																													
Type or print name	<u>Robyn Russell</u>	E-mail address	<u>robyn.m.russell@conocophillips.com</u>	Telephone No.	<u>432-685-4385</u>																													
For State Use Only:																																		
APPROVED BY:	<u>Sarah K McGrath</u>	TITLE	<u>Petroleum Specialist - A</u>	DATE	<u>11/26/2024</u>																													