

Santa 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 378512			
		WELL API NUMBER 30-015-55405			
		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 706H			
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>1785</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.) 3087 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 style="width: 100%;"> <tr> <td colspan="2"> NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ Other: _____ </td> <td> SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTER CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐ CASING/CEMENT JOB ☐ Other: Spud ☒ </td> </tr> </table>			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: Spud ☒
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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 2am					
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 NMOC 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>					