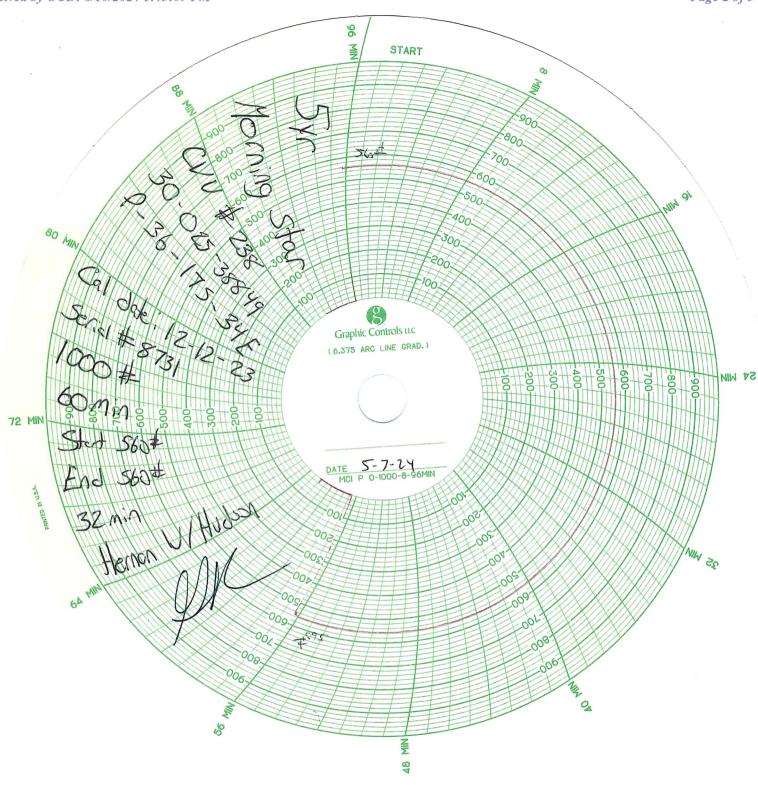
| ceived by OCP: Appropriate 1street 191                                       | State of New Mexico  | Form C-1803 of 3                      |
|--|--|---------------------------------------|
| Office<br><u>District I</u> – (575) 393-6161                                 | Energy, Minerals and Natural Resources   | Revised July 18, 2013                 |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283          |  | WELL API NO.<br>30-025-38849          |
| 811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION  | 5. Indicate Type of Lease             |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Dr.   | STATE X FEE                           |
| <u>District IV</u> – (505) 476-3460  | Santa Fe, NM 87505   | 6. State Oil & Gas Lease No.          |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                               |  |                                       |
| SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOS.                              | CES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH | 7. Lease Name or Unit Agreement Name  |
| PROPOSALS.)  | g wy "   | 8. Well Number 238                    |
|  | Gas Well Other INJECTION   | 236                                   |
| 2. Name of Operator  MORNINGS  | TAR OPERATING LLC  | 9. OGRID Number<br>330132             |
| 3. Address of Operator   | TAR OI ERATING LLC   | 10. Pool name or Wildcat              |
| •  | ST, FORT WORTH, TX 76102   | VACUUM; GRAYBURG-SAN ANDRES           |
| 4. Well Location   | 71,1011 WORTH, 174 70102   | VACCOM, GRATBURG-SAIV ANDRES          |
| Unit Letter P :  | 10feet from theS line and  | feet from the E line                  |
| Section 36   | Township 17S Range 34E   | NMPM County LEA                       |
| 20   | 11. Elevation (Show whether DR, RKB, RT, GR, etc.  | •                                     |
|  | 3992' GL   |                                       |
| 12 (1 1 4  |  | D 01 D                                |
| 12. Check A  | ppropriate Box to Indicate Nature of Notice  | , Report or Other Data                |
| NOTICE OF INT  | FENTION TO: SUF  | BSEQUENT REPORT OF:                   |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON ☐ REMEDIAL WOR  |                                       |
| TEMPORARILY ABANDON  | <del></del>  | RILLING OPNS. P AND A                 |
| PULL OR ALTER CASING   | MULTIPLE COMPL CASING/CEMEN  |                                       |
| DOWNHOLE COMMINGLE   |  |                                       |
| CLOSED-LOOP SYSTEM   | _  |                                       |
| OTHER:   | OTHER:   | 5 YR MIT X                            |
|  | eted operations. (Clearly state all pertinent details, and k). SEE RULE 19.15.7.14 NMAC. For Multiple Co     |                                       |
| proposed completion or reco  |  | ompletions. Attach wendore diagram of |
| r  |  |                                       |
| MorningStar Operating subn   | nits the attached 5 yr MIT:  |                                       |
| START 560 psi, END 560 psi   | si   |                                       |
|  |  |                                       |
|  |  |                                       |
|  |  |                                       |
|  |  |                                       |
|  |  |                                       |
|  |  |                                       |
|  |  |                                       |
|  |  |                                       |
|  |  |                                       |
| Spud Date:   | Rig Release Date:  |                                       |
|  |  |                                       |
|  |  |                                       |
| I hereby certify that the information a                                      | bove is true and complete to the best of my knowled  | ge and belief.                        |
| 0 . 01   |  |                                       |
| SIGNATURE Connie Blas  | flock  | DATE 06/10/2024                       |
| SIGNATURE  | TITLE_Regulatory Analyst   | DATE06/10/2024                        |
| Type or print name Connie Blayloc  | k E-mail address: _cblaylock@txo   | penergy.com PHONE: 817-334-7882       |
| For State Use Only   | 2 man address. <u>Linayidek@fxt</u>  | 2 HOTE:                               |
| <u> </u>   |  |                                       |
| APPROVED BY:   | TITLE  | DATE                                  |
| Conditions of Approval (if any):   |  |                                       |



Sante Fe Main Office Phone: (505) 476-3441

General Information Phone: (505) 629-6116

Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us

## State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

CONDITIONS

Action 352682

## **CONDITIONS**

| Operator:                 | OGRID:                               |
|---------------------------|--------------------------------------|
| MorningStar Operating LLC | 330132                               |
| 400 W 7th St              | Action Number:                       |
| Fort Worth, TX 76102      | 352682                               |
|                           | Action Type:                         |
|                           | [C-103] Sub. General Sundry (C-103Z) |

## CONDITIONS

| Cre | ated By |      | Condition<br>Date |
|-----|---------|------|-------------------|
| go  | cordero | None | 12/4/2024         |