

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	Form C-103 August 1, 2011 Permit 380471																																
		WELL API NUMBER 30-025-52426																																
		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 MACHO NACHO STATE COM																																
1. Type of Well: Oil	8. Well Number 601H																																	
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>O</u> : <u>635</u> feet from the <u>S</u> line and feet <u>2050</u> from the <u>E</u> line Section <u>7</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>Lea</u>																																		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3574 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	☐		
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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. 12/25/2024 Spudded well. Spud well @ 04:00 HRS ON 12/25/2024 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>12/28/2024</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>12/31/2024</u>																																		