

| Santa Fe Main Office<br>Phone: (505) 476-3441<br><br>General Information<br>Phone: (505) 629-6116<br><br>Online Phone Directory<br><a href="https://www.emnrd.nm.gov/ocd/contact-us">https://www.emnrd.nm.gov/ocd/contact-us</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><b>Oil Conservation Division</b><br><b>1220 S. St Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | Form C-103<br>August 1, 2011<br><br>Permit 341594                 |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | WELL API NUMBER<br>30-025-51352                                   |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | 5. Indicate Type of Lease<br>State                                |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                               | 6. State Oil & Gas Lease No.                                      |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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<br>QUIJOTE 2 STATE COM       |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 1. Type of Well:<br>Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               | 8. Well Number<br>203H                                            |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 2. Name of Operator<br>EOG RESOURCES INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                               | 9. OGRID Number<br>7377                                           |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 3. Address of Operator<br>5509 Champions Drive, Midland, TX 79706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               | 10. Pool name or Wildcat                                          |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 4. Well Location<br>Unit Letter <u>B</u> : <u>300</u> feet from the <u>N</u> line and feet <u>1718</u> from the <u>E</u> line<br>Section <u>2</u> Township <u>26S</u> Range <u>32E</u> NMPM County <u>Lea</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                                   |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3330 GR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               |                                                                   |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                   |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data<br><table style="width:100%;"> <tr> <td colspan="2">           NOTICE OF INTENTION TO:         </td> <td colspan="2">           SUBSEQUENT REPORT OF:         </td> </tr> <tr> <td>           PERFORM REMEDIAL WORK <input type="checkbox"/> </td> <td>           PLUG AND ABANDON <input type="checkbox"/> </td> <td>           REMEDIAL WORK <input type="checkbox"/> </td> <td>           ALTER CASING <input type="checkbox"/> </td> </tr> <tr> <td>           TEMPORARILY ABANDON <input type="checkbox"/> </td> <td>           CHANGE OF PLANS <input type="checkbox"/> </td> <td>           COMMENCE DRILLING OPNS. <input type="checkbox"/> </td> <td>           PLUG AND ABANDON <input type="checkbox"/> </td> </tr> <tr> <td>           PULL OR ALTER CASING <input type="checkbox"/> </td> <td>           MULTIPLE COMPL <input type="checkbox"/> </td> <td>           CASING/CEMENT JOB <input type="checkbox"/> </td> <td></td> </tr> <tr> <td colspan="2">           Other: _____         </td> <td colspan="2">           Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> </td> </tr> </table> |                                                                                                                                                                               |                                                                   | NOTICE OF INTENTION TO:                   |                              | SUBSEQUENT REPORT OF:       |                               | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> |           | Other: _____ |      | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| NOTICE OF INTENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               | SUBSEQUENT REPORT OF:                                             |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLUG AND ABANDON <input type="checkbox"/>                                                                                                                                     | REMEDIAL WORK <input type="checkbox"/>                            | ALTER CASING <input type="checkbox"/>     |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| TEMPORARILY ABANDON <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CHANGE OF PLANS <input type="checkbox"/>                                                                                                                                      | COMMENCE DRILLING OPNS. <input type="checkbox"/>                  | PLUG AND ABANDON <input type="checkbox"/> |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| PULL OR ALTER CASING <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MULTIPLE COMPL <input type="checkbox"/>                                                                                                                                       | CASING/CEMENT JOB <input type="checkbox"/>                        |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                               | Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/> |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 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.<br>5-20-2023 20" Conductor @ 118' 6-14-2023 Surface Hole @ 890' MD, 890' TVD Casing shoe @ 877' MD, 876' TVD 6-14-2023 9 7/8" HOLE 6-14-2023 Intermediate Hole @ 4,647' MD, 4,644' TVD Casing shoe @ 4,632' MD, 4,631' TVD 6-17-2023 7 7/8" HOLE 6-17-2023 Production Hole @ 14,230' MD, 9,400' TVD Casing Shoe @ 14,215' MD, 9,401' TVD RR 6-18-2023 <b>5/20/2023</b> Spudded well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               |                                                                   |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| <b>Casing and Cement Program</b><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>String</th> <th>Fluid Type</th> <th>Hole Size</th> <th>Csg Size</th> <th>Weight lb/ft</th> <th>Grade</th> <th>Est TOC</th> <th>Dpth Set</th> <th>Sacks</th> <th>Yield</th> <th>Class</th> <th>1" Dpth</th> <th>Pres Held</th> <th>Pres Drop</th> <th>Open Hole</th> </tr> </thead> <tbody> <tr> <td>06/04/23</td> <td>Surf</td> <td>FreshWater</td> <td>13.5</td> <td>10.75</td> <td>40.5</td> <td>J55</td> <td>0</td> <td>877</td> <td>475</td> <td>1500</td> <td>C</td> <td></td> <td>1500</td> <td></td> <td>Y</td> </tr> <tr> <td>06/14/23</td> <td>Int1</td> <td>FreshWater</td> <td>9.875</td> <td>8.625</td> <td>32</td> <td>J55</td> <td>0</td> <td>4632</td> <td>700</td> <td>2.1</td> <td>C</td> <td></td> <td>2100</td> <td>0</td> <td>Y</td> </tr> <tr> <td>06/17/23</td> <td>Prod</td> <td>FreshWater</td> <td>7.875</td> <td>5.5</td> <td>20</td> <td>ECP110</td> <td>0</td> <td>14215</td> <td>1165</td> <td>2.59</td> <td>C</td> <td></td> <td></td> <td></td> <td>Y</td> </tr> </tbody> </table>                                                                   |                                                                                                                                                                               |                                                                   | Date                                      | String                       | Fluid Type                  | Hole Size                     | Csg Size                                       | Weight lb/ft                              | Grade                                  | Est TOC                               | Dpth Set                                     | Sacks                                    | Yield                                            | Class                                     | 1" Dpth                                       | Pres Held                               | Pres Drop                                  | Open Hole | 06/04/23     | Surf | FreshWater                                                        | 13.5 | 10.75 | 40.5 | J55 | 0 | 877 | 475 | 1500 | C |  | 1500 |  | Y | 06/14/23 | Int1 | FreshWater | 9.875 | 8.625 | 32 | J55 | 0 | 4632 | 700 | 2.1 | C |  | 2100 | 0 | Y | 06/17/23 | Prod | FreshWater | 7.875 | 5.5 | 20 | ECP110 | 0 | 14215 | 1165 | 2.59 | C |  |  |  | Y |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | String                                                                                                                                                                        | Fluid Type                                                        | Hole Size                                 | Csg Size                     | Weight lb/ft                | Grade                         | Est TOC                                        | Dpth Set                                  | Sacks                                  | Yield                                 | Class                                        | 1" Dpth                                  | Pres Held                                        | Pres Drop                                 | Open Hole                                     |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 06/04/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Surf                                                                                                                                                                          | FreshWater                                                        | 13.5                                      | 10.75                        | 40.5                        | J55                           | 0                                              | 877                                       | 475                                    | 1500                                  | C                                            |                                          | 1500                                             |                                           | Y                                             |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 06/14/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Int1                                                                                                                                                                          | FreshWater                                                        | 9.875                                     | 8.625                        | 32                          | J55                           | 0                                              | 4632                                      | 700                                    | 2.1                                   | C                                            |                                          | 2100                                             | 0                                         | Y                                             |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 06/17/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Prod                                                                                                                                                                          | FreshWater                                                        | 7.875                                     | 5.5                          | 20                          | ECP110                        | 0                                              | 14215                                     | 1165                                   | 2.59                                  | C                                            |                                          |                                                  |                                           | Y                                             |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| 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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                               |                                                                   |                                           |                              |                             |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| <table style="width:100%;"> <tr> <td style="width:15%;">SIGNATURE</td> <td style="width:35%;"><u>Electronically Signed</u></td> <td style="width:15%;">TITLE</td> <td style="width:20%;"><u>Regulatory Agent</u></td> <td style="width:10%;">DATE</td> <td style="width:5%;"><u>6/19/2023</u></td> </tr> <tr> <td>Type or print name</td> <td><u>Kay Maddox</u></td> <td>E-mail address</td> <td><u>kay_maddox@eogresources.com</u></td> <td>Telephone No.</td> <td><u>432-686-3658</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               |                                                                   | SIGNATURE                                 | <u>Electronically Signed</u> | TITLE                       | <u>Regulatory Agent</u>       | DATE                                           | <u>6/19/2023</u>                          | Type or print name                     | <u>Kay Maddox</u>                     | E-mail address                               | <u>kay_maddox@eogresources.com</u>       | Telephone No.                                    | <u>432-686-3658</u>                       |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>Electronically Signed</u>                                                                                                                                                  | TITLE                                                             | <u>Regulatory Agent</u>                   | DATE                         | <u>6/19/2023</u>            |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| Type or print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Kay Maddox</u>                                                                                                                                                             | E-mail address                                                    | <u>kay_maddox@eogresources.com</u>        | Telephone No.                | <u>432-686-3658</u>         |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| <b>For State Use Only:</b><br><br><table style="width:100%;"> <tr> <td style="width:15%;">APPROVED BY:</td> <td style="width:35%;"><u>Keith Dziokonski</u></td> <td style="width:15%;">TITLE</td> <td style="width:20%;"><u>Petroleum Specialist A</u></td> <td style="width:10%;">DATE</td> <td style="width:5%;"><u>1/16/2025 3:09:29 PM</u></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                   | APPROVED BY:                              | <u>Keith Dziokonski</u>      | TITLE                       | <u>Petroleum Specialist A</u> | DATE                                           | <u>1/16/2025 3:09:29 PM</u>               |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |
| APPROVED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Keith Dziokonski</u>                                                                                                                                                       | TITLE                                                             | <u>Petroleum Specialist A</u>             | DATE                         | <u>1/16/2025 3:09:29 PM</u> |                               |                                                |                                           |                                        |                                       |                                              |                                          |                                                  |                                           |                                               |                                         |                                            |           |              |      |                                                                   |      |       |      |     |   |     |     |      |   |  |      |  |   |          |      |            |       |       |    |     |   |      |     |     |   |  |      |   |   |          |      |            |       |     |    |        |   |       |      |      |   |  |  |  |   |