

Santa Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory https://www.emnrd.nm.gov/oecd/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 381858 WELL API NUMBER 30-015-54652 5. Indicate Type of Lease State 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name CAT ISLAND 16 STATE												
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.)														
1. Type of Well: Oil		8. Well Number 233H												
2. Name of Operator DEVON ENERGY PRODUCTION COMPANY, LP		9. OGRID Number 6137												
3. Address of Operator 333 West Sheridan Ave., Oklahoma City, OK 73102		10. Pool name or Wildcat												
4. Well Location Unit Letter <u>N</u> : <u>510</u> feet from the <u>S</u> line and feet <u>2467</u> from the <u>W</u> line Section <u>16</u> Township <u>23S</u> Range <u>31E</u> NMPM County <u>Eddy</u>														
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3369 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. 3/19/2024 Spudded well.														
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 ☐														
<table style="width: 100%;"> <tr> <td style="width: 20%;">SIGNATURE</td> <td style="width: 30%;">Electronically Signed</td> <td style="width: 20%;">TITLE</td> <td style="width: 20%;">Supervisor Land</td> <td style="width: 10%;">DATE</td> <td style="width: 10%;">1/19/2025</td> </tr> <tr> <td>Type or print name</td> <td>Jeff Walla</td> <td>E-mail address</td> <td>Jeff.Walla@dv.com</td> <td>Telephone No.</td> <td>575-748-9925</td> </tr> </table>			SIGNATURE	Electronically Signed	TITLE	Supervisor Land	DATE	1/19/2025	Type or print name	Jeff Walla	E-mail address	Jeff.Walla@dv.com	Telephone No.	575-748-9925
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For State Use Only: APPROVED BY: Sarah K McGrath TITLE Petroleum Specialist - A DATE 1/22/2025														