

|                                                                                                                                                                                                                                                          |                                                                                                            |                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Santa Fe Main Office<br>Phone: (505) 476-3441 Fax: (55) 476-3462<br>General Information<br>Phone: (505) 629-6116<br><br>Online Phone Directory Visit:<br><a href="https://www.emnrd.nm.gov/ocd/contact-us/">https://www.emnrd.nm.gov/ocd/contact-us/</a> | State of New Mexico<br>Energy, Minerals & Natural Resources Department<br><b>OIL CONSERVATION DIVISION</b> | <b>C-104</b><br>Revised July 9, 2024<br><br>Submit Electronically<br>Via OCD Permitting |
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## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

### Section 1 - Operator and Well Information

|                                                                                                                                                                                                                                                    |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Submittal Type: <input checked="" type="checkbox"/> Test Allowable (C-104RT) <input type="checkbox"/> New Well (C-104NW) <input type="checkbox"/> Recomplete (C-104RC) <input type="checkbox"/> Pay Add (C-104RC) <input type="checkbox"/> Amended |                          |
| Operator Name: Hilcorp Energy Company                                                                                                                                                                                                              | OGRID: 372171            |
| Property Name and Well Number: SAN JUAN 29-7 UNIT 102R                                                                                                                                                                                             | Property Code: 318713    |
| Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal                                                                                             | API Number: 30-039-20514 |
| Pool Name: BASIN FRUITLAND COAL                                                                                                                                                                                                                    | Pool Code: 71629         |

### Section 2 – Surface Location

| UL<br>K | Section<br>15 | Township<br>29N | Range<br>07W | Lot | Ft. from N/S<br>1840' FSL | Ft. from E/W<br>1550' FWL | Latitude<br>36.7236176 | Longitude<br>-107.5620193 | County<br>RIO ARRIBA |
|---------|---------------|-----------------|--------------|-----|---------------------------|---------------------------|------------------------|---------------------------|----------------------|
|---------|---------------|-----------------|--------------|-----|---------------------------|---------------------------|------------------------|---------------------------|----------------------|

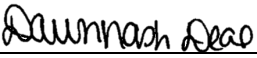
### Section 3 – Completion Information

|                  |                          |                                 |                                  |
|------------------|--------------------------|---------------------------------|----------------------------------|
| Producing Method | Ready Date<br>~4/25/2025 | Perforations MD<br>~2760'-3082' | Perforations TVD<br>~2760'-3082' |
|------------------|--------------------------|---------------------------------|----------------------------------|

### Section 4 – Action IDs for Submissions and Order Numbers

| List Action IDs for Drilling Sundries                                                                                         | Was an Order required / needed (Y/N), if yes list Order number:                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| C-104 RT Action ID (if C-104NW):                                                                                              | Communitization Agreement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.                                          |
| Surface Casing Action ID: Previous to system                                                                                  | Unit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.                                                              |
| Intermediate 1 Casing Action ID: Previous to system                                                                           | Compulsory Pooling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.                                                |
| Intermediate 2 Casing Action ID: Previous to system                                                                           | Down Hole Commingling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No. Pending DHC approval                        |
| Production Casing Action ID: Previous to system                                                                               | Surface Commingling: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.                                               |
| All casing was pressure tested in accordance with NMAC<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Non-standard Location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Common ownership<br>Order No. |
| Liner 1 Action ID: Previous to system                                                                                         | Non-standard Proration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.                                            |
| Casing was installed prior to OCD's Action ID system (Y/N): Yes                                                               | Simultaneous Dedication: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.                                           |

### Section 5 - Operator Signature and Certification

|                                                                                                                                                                                                                                |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| <input checked="" type="checkbox"/> I hereby certify that the required Water Use Report has been, or will be, submitted for this well's completion.                                                                            |                  |
| <input checked="" type="checkbox"/> I hereby certify that the required Fracfocus disclosure has been, or will be, submitted for this well's completion.                                                                        |                  |
| <input checked="" type="checkbox"/> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |                  |
| Name: Dawn Nash-Deal                                                                                                                                                                                                           |                  |
|                                                                                                                                              |                  |
| Title: Operations Regulatory Tech                                                                                                                                                                                              | Date: 04/16/2025 |

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

ACKNOWLEDGMENTS

Action 452889

ACKNOWLEDGMENTS

|                                                                                    |                                                                      |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Operator:<br><br>HILCORP ENERGY COMPANY<br>1111 Travis Street<br>Houston, TX 77002 | OGRID:<br><br>372171                                                 |
|                                                                                    | Action Number:<br><br>452889                                         |
|                                                                                    | Action Type:<br>[C-104] Completion Packet - Test Allowable (C-104RT) |

ACKNOWLEDGMENTS

|                                     |                                                                                                                                                                                            |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I hereby certify that the required Water Use Report has been, or will be, submitted for this wells completion.                                                                             |
| <input checked="" type="checkbox"/> | I hereby certify that the required FracFocus disclosure has been, or will be, submitted for this wells completion.                                                                         |
| <input checked="" type="checkbox"/> | I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |

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CONDITIONS

Action 452889

CONDITIONS

|                                                                                |                                                                      |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Operator:<br>HILCORP ENERGY COMPANY<br>1111 Travis Street<br>Houston, TX 77002 | OGRID:<br>372171                                                     |
|                                                                                | Action Number:<br>452889                                             |
|                                                                                | Action Type:<br>[C-104] Completion Packet - Test Allowable (C-104RT) |

CONDITIONS

| Created By | Condition                                                            | Condition Date |
|------------|----------------------------------------------------------------------|----------------|
| plmartinez | RT EXPIRES 5/25/2025.                                                | 4/24/2025      |
| plmartinez | Going forward please include the DHC number on your C-104 Section 4. | 4/24/2025      |