Form C-145

Permit 397815

Revised May 19, 2017

9/9/25, 11:17 AM

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

General Information Phone: (505) 629-6116

Online Phone Directory https://www.omnid.uru.gov/ocd/contact-us

C-145

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division

Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

Change of Operator

Previous Operator Information New Operator Information Effective Effective on the date of approval by the OCD Date: OGRID: OGRID: 26460 332947 Name: SABRE OP INC Name: Avant Operating II, LLC Address: Address: P.O. Box 4848 1515 Wynkoop Street Suite 700 City, State, Zip: Wichita Falls, TX 76308 City, State, Denver, CO 80202

I hereby certify that the rules of the Oil Conservation Division ("OCD") have been complied with and that the information on this form and the certified list of wells is true to the best of my knowledge and belief.

Additionally, by signing below, Avant Operating II, LLC certifies that it has read and understands the following synopsis of applicable rules.

PREVIOUS OPERATOR certifies that all below-grade tanks constructed and Installed prior to June 16, 2008 associated with the selected wells being transferred are either (1) in compliance with 19.15.17 NMAC, (2) have been closed pursuant to 19.15.17.13 NMAC or (3) have been retrofitted to comply with Paragraphs 1 through 4 of 19.15.17.11(I) NMAC.

Avant Operating II, LLC understands that the OCD's approval of this operator change:

- constitutes approval of the transfer of the permit for any permitted pit, below-grade tank or closed-loop system associated with the selected wells; and
- constitutes approval of the transfer of any below-grade tanks constructed and installed prior to June 16, 2008 associated with the selected wells, regardless of whether the transferor has disclosed the existence of those below-grade tanks to the transferee or to the OCD, and regardless of whether the below-grade tanks are in compliance with 19.15.17 NMAC.

9/9/25, 11:17 AM

C-146

As the operator of record of wells in New Mexico, Avant Operating II, LLC agrees to the following statements:

- 1. Initials Mam responsible for ensuring that the wells and related facilities comply with applicable statutes and rules, and am responsible for all regulatory filings with the OCD. I am responsible for knowing all applicable statutes and rules, not just the rules referenced in this list. I understand that the OCD's rules are available on the OCD website under "Rules," and that the
- Water Quality Control Commission rules are available on the OCD website on the "Publications" page.

 I understand that if I acquire wells from another operator, the OCD must approve the operator change before I begin operating those wells. See Subsection B of 19.15.9.9 NMAC. I understand that if I acquire wells or facilities subject to a compliance order addressing inactive wells or environmental cleanup, before the OCD will approve the operator change it may require me to enter into an enforceable agreement to return those wells to compliance. See Paragraph (2) of Subsection C of
- 19.15.9.9 NMAC.
 3. Initials VI I must file a monthly C-115 report showing production for each non-plugged well completion for which the OCD has approved an allowable and authorization to transport, and injection for each injection well. See 19.15.7.24 NMAC. I understand that the OCD may cancel my authority to transport from or inject into all the wells I operate if I fall to file C-115 reports, See Subsection C of 19.15.7.24 NMAC.
- 4. Initials 1 understand that New Mexico requires wells that have been inactive for certain time periods to be plugged or placed in approved temporary abandonment. See 19.15.25.8 NMAC. I understand the requirements for plugging and approved temporary abandonment in 19.15.25 NMAC. I understand that I can check my compliance with the basic requirements of
- the well is also covered by a blanket financial assurance and even if the well is on approved temporary abandonment status. See Subsection C of 19.15.8.9 NMAC. I understand that I can check my compliance with the financial assurance requirement by using the mactive Well Additional Financial Assurance Report* on the OCD's website.

 6. Initials Understand the OCD will be reporting and remediating releases pursuant to 19.15.29 NMAC. I understand the OCD will
- look to me as the operator of record to take corrective action for releases at my wells and related facilities, including releases that occurred before I became operator of record. I am responsible for conducting my own due diligence for any releases that have occurred prior to becoming operator of my wells and related facilities and am responsible for any open releases or
- unreported releases.

 7. Initials I have read 19.15.5.9 NMAC, commonly known as "Part 5.9," and understand that to be in compliance with its requirements I must have the appropriate financial assurances in place, comply with orders requiring corrective action, pay penalties assessed by the courts or agreed to by me in a settlement agreement, and not have too many wells out of compliance with the inactive well rule (19.15.25.8 NMAC). If I am in violation of Part 5.9, I may not be allowed to drill, acquire or produce any additional wells, and will not be able to obtain any new injection permits. See 19.15.16.19 NMAC, 19.15.26.8 NMAC, 19.15.99 NMAC and 19.15.14.10 NMAC. If I am in violation of Part 5.9 the OCD may, after notice and hearing, revoke my existing injection permits and seek other relief. See 19.15.26.8 NMAC and 19.15.5.10 NMAC.

 8. Initials 2007. For injection wells, I understand that I must report injection on my monthly C-115 report and must operate my
- Initials S For injection wells, I understand that I must report injection on my monthly C-115 report and must operate my wells in compliance with 19.15.26 NMAC and the terms of my injection permit. I understand that I must conduct mechanical integrity tests on my injection wells at least once every five years. See 19.15.26.11 NMAC. I understand that when there is a continuous one-year period of non-injection into all wells in an injection or storage project or into a saltwater disposal well or special purpose injection well, authority for that injection automatically terminates. See 19.15.26.12 NMAC. I understand that if I transfer operation of an injection well to another operator, the OCD must approve the transfer of authority to inject, and the OCD may require me to demonstrate the well's mechanical integrity prior to approving that transfer. See 19.15.26.15 NMAC.

 9. Initials 1 am responsible for providing the OCD with my current address of the proving that transfer.
- 9. Initials 1 am responsible for providing the OCD with my current address of record and emergency contact information, and I am responsible for updating that information when it changes. See Subsection C of 19.15.9.8 NMAC. I understand that I can update that information on the OCD's website under "Electronic Permitting."

 10. Initials 1 I transfer well operations to another operator, the OCD must approve the change before the new operator can begin operations. See Subsection B of 19.15.9.9 NMAC. I remain responsible for the wells and related facilities and all related.
- regulatory filings until the OCD approves the operator change. I understand that the transfer will not relieve me of responsibility
- or liability for any act or omission which occurred while I operated the wells and related facilities.

 11. Initials No person with an interest exceeding 25% in the undersigned company is, or was within the last 5 years, an officer, director, partner or person with a 25% or greater interest in another entity that is not currently in compliance with
- Subsection April 9.15.5.9 NMAC.

 12. Initials MMOCD Rule Subsection E and F of 19.15.16.8 NMAC: An operator shall have 90 days from the effective date of an operator name change to change the operator name on the well sign unless the division grants an extension time, for good cause shown, along with a schedule for making the changes. Each sign shall show the (1) well number, (2) property name, (3) operator's name, (4) location by footage, quarter-quarter section, township and range (or unit letter can be substituted for the quarter-quarter section), and (5) API number.

9/9/25, 11:17 AM

C-145

I hereby certify I understand the above. The statements I have made are true and correct and a condition precedent to the Oil Conservation Division accepting this Change of Operator.

Previous Operato
Signature:

Printed Name:

Title:

Date:

New Operator Signature:

Printed

Name: Title:

9.15.2025 notes

20-746-5053

Permit 397815

NMOCD Approval

Electronic Signature(s):

Rob Jackson, District 5

Date:

September 24, 2025

https://wwwapps.emnrd.nm.gov/OCD/OCDPermitting/Report/C145/C145Report.aspx?PermittiD=240,233,96,129,73,232,190,204

Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0137 Expires: January 31, 2018

BUR	EAU OF LAND MAN	5 Lease Serial No NM - 072312 NMNM030752					
Do not use this	NOTICES AND REP form for proposals Use Form 3160-3 (A	to drill or t	o re-enter ar		6. If Indian, Allottee		
SUBMIT IN	TRIPLICATE - Other instr	uctions on pa	ge 2		7. If Unit of CA/Agr	reement, Name and/or No.	
1. Type of Well						NMNM72312	
Oil Well Gas V				8. Well Name and No. Empire 21A Federal Com			
2 Name of Operator Avant Operating	II, LLC (332947)				9. API Well No 30-015-23776		
3a Address 1515 Wynkoop Street, S Denver, CO 80202		3b. Phone No (720) 746-50	. (include area coa 153		10. Field and Pool or Exploratory Area Turkey Track; Atoka		
4. Location of Well (Footage, Sec., T., F C-21-18S-29E, 660 FNL, 1980 FV	TATION)			11. Country or Parish, State Eddy County, NM		
12, CHE	CK THE APPROPRIATE B	OX(ES) TO IN	IDICATE NATUR	E OF NOTI	CE, REPORT OR OT	HER DATA	
TYPE OF SUBMISSION				PE OF ACT			
✓ Notice of Intent ☐ Subsequent Report	Acidize Alter Casing Casing Repair Change Plans	Nev		Produ	uction (Start/Resume amation mplete porarily Abandon	Well Integrity ✓ Other	
Final Abandonment Notice	Convert to Injection	= `	Back	=	r Disposal	CHANGE OF OPERATOR	
completion of the involved operation completed. Final Abandonment Not is ready for final inspection.) This is notification that Avant O	ins, If the operation results in idea must be filed only after perating II, LLC is taking a v operator, accepts all applied. e No.: NMB106745267	n a multiple con all requirement over operation	mpletion or recompts, including reclaring sof the Empire 2, conditions, stiput	pletion in a r mation, have 21A Federa ulations and	new interval, a Form a been completed and all Com #001 well.	ust be filed within 30 days following 3160-4 must be filed once testing has been the operator has detennined that the site rning operations conducted on this	
al agh		es.	Like /	Approv	al by NMO0	CD	
4 I hereby certify that the foregoing is John Harper	rue and correct. Name (Pri	nted/lyped)	SVP - Ass	ets and Ex	ploration		
Signature			Date		09/15/2	025	
	THE SPACE	FOR FED	ERAL OR ST	ATE OF	CE USE		
Approved by		P)	Titue Petro	oleum	Engineer	09/18/2025	
Conditions of approval, if any, are attache ertify that the applicant holds legal or co which would entitle the applicant to cond	uitable title to those rights i			RFO			
Title 18 U.S.C Section 1001 and Title 43 ny false, fictitious or fraudulent statement	U.S.C Section 1212, make into or representations as to a	t a crime for an	y person knowing! n its jurisdiction.	ly and willfu	ally to make to any de	partment or agency of the United States	

(Instructions on page 2)

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Wells Selected for Transfer

Permit 397815

3 Wells Selected for Transfer

From:		OGRID:
	SABRE OP INC	26460
To:		OGRID:
	Avant Operating II, LLC	332947

OCD District Hobbs (2 Wells selected.)

Property	Well	Lease Type	ULSTR	OCD Unit	API	Pool ID	Pool Name	Well Type
337771	NEW MEXICO 16 STATE #001	S	L-16-14S-34E	L	30-025-29420			0
337772	STATE B COM #002	S	J-36-24S-36E	J	30-025-27210			G

OCD District: Artesia (1 Well selected.)

Property	Well	Lease Type		OCD Unit	API	Pool ID	Pool Name	Well Type
337770	EMPIRE 21 A FEDERAL COM #001	F	C-21-18S-29E	С	30-015-23776			G