

<p>Sante Fe Main Office Phone: (505) 476-3441</p> <p>General Information Phone: (505) 629-6116</p> <p>Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us</p>	<p>State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505</p>		<p>Form C-103 August 1, 2011</p> <p>Permit 406732</p> <p>WELL API NUMBER 30-025-55403</p> <p>5. Indicate Type of Lease State</p> <p>6. State Oil & Gas Lease No.</p>			
	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 212H					
2. Name of Operator Coterra Energy Operating Co.	9. OGRID Number 215099					
3. Address of Operator 6001 Deauville Blvd, 300N, Midland, TX 79706	10. Pool name or Wildcat					
<p>4. Well Location Unit Letter <u>C</u> : <u>327</u> feet from the <u>N</u> line and feet <u>1678</u> from the <u>W</u> line Section <u>5</u> Township <u>24S</u> Range <u>33E</u> NMPM <u> </u> County <u>Lea</u></p>						
<p>11. Elevation (Show whether DR, KB, BT, GR, etc.) <u>3656 GR</u></p>						
<p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p> <p>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p> <p>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p>						
<p>12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>Other: _____</p> </td> <td style="width: 30%; vertical-align: top;"> <p>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>Other: Spud <input checked="" type="checkbox"/></p> </td> <td style="width: 40%; vertical-align: top;"> <p>SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> </td> </tr> </table>				<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>Other: _____</p>	<p>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>Other: Spud <input checked="" type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
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<p>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.</p> <p>1/2/2026 Spudded well.</p> <p>Well was spud on 1/2/2026.</p>						
<p>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 <input type="checkbox"/> a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/></p>						
SIGNATURE Type or print name	<u>Electronically Signed</u> <u>Phillip Levasseur</u>	TITLE E-mail address	DATE Telephone No. <u>1/13/2026</u> <u>412-759-4585</u>			
<p>For State Use Only:</p>						
APPROVED BY:	<u>Keith Dziokonski</u>	TITLE	DATE <u>1/20/2026</u>			