

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Oil and Gas Division  
625 N. French Dr.  
Fort Worth, TX 76102  
801 80240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other SWD (authorized)

2. Name of Operator

Permian Resources, Inc.

3. Address and Telephone No.

P.O. Box 590, Midland, TX 79702 (915)685-0113

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2310' FSL & 990' FEL  
Section 22 - 25S-37E

5. Lease Designation and Serial No.

NMLCO32579A

6. If Indian, Allottee or Tribe Name

21

7. If Unit or CA, Agreement Designation

8. Well Name and No.

22-2 (SWD)

9. API Well No.

30-025-11690

10. Field and Pool, or Exploratory Area

Langlie Mattix

11. County or Parish, State

Lea

**12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

**TYPE OF ACTION**

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other SWD conversion  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

- 2-1-01 Rig up over wellhead-remove pumpjack, rods & trucking. Clean out wellbore.  
2-2-01 Install AD-1 packer (7") @ 3110' run plastic-coated tubing into hole.  
2-5-01 Conduct pressure test of downhole system-test good.  
2016-01 Results of casing integrity test reported to OCD & BLM (copy attached)

**SUBJECT TO  
LIKE APPROVAL  
BY STATE**

ACCEPTED FOR RECORD  
(ORIG. SGD.) DAVID R. GLASS  
JUN 6 2001  
DAVID R. GLASS  
PETROLEUM ENGINEER

14. I hereby certify that the foregoing is true and correct

Signed

*David Krasnicka*

Title Geologist

Date 5-16-01

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

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**SUBMIT IN TRIPLICATE**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other pending conversion to SWD	7. If Unit or CA, Agreement Designation
2. Name of Operator Permian Resources, Inc.	8. Well Name and No. Harrison 22-2 (SWD)
3. Address and Telephone No. P. O. Box 590, Midland, TX 79702 (915) 685-0113	9. API Well No. 30-025-11690
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FSL & 990' FEL Section 22-25S-37E	10. Field and Pool, or Exploratory Area Langlie Mattix
	11. County or Parish, State Lea

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other prep for SWD conversion	<input type="checkbox"/> Dispose Water

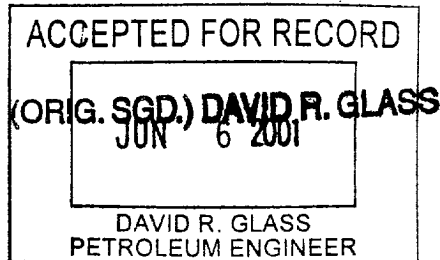
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Harrison 22 #2 is approved for SWD conversion.  
Casing integrity test in preparation for authorized conversion. Pending availability of equipment and personnel. Tested on 02-05-01

Start psi @ 460#                      End psi @ 430#

Good test.

**SUBJECT TO  
LIKE APPROVAL  
BY STATE**



14. I hereby certify that the foregoing is true and correct

Signed <u>David R. Glass</u>	Title <u>Geologist</u>	Date <u>02/16/01</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any: _____		

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