

# ARMSTRONG GAS LABS, INC.

P.O. Box 988 Monahans, Texas 79756 (432) 943-8844 (FAX) 943-8855

### **GAS ANALYSIS REPORT**

Analysis No.: 233157 Customer: Centennial

|             |               | (Ideal)    | (Ideal)   | (Real)     |                       |                           |
|-------------|---------------|------------|-----------|------------|-----------------------|---------------------------|
| Component   | <u>Mol. %</u> | <u>BTU</u> | <u>SG</u> | <u>GPM</u> | Producer:             | Centennial                |
|             |               |            |           |            | Well / Sta. Name:     | WOODY 22 FEDERAL COM 501H |
| Nitrogen    | 2.6606        | 0.000      | 0.026     |            | Sta. No.:             | 230599654                 |
| Methane     | 67.7610       | 682.244    | 0.375     |            | Formation:            |                           |
| CO2         | 0.4981        | 0.000      | 0.008     |            | Field:                | New Mexico                |
| Ethane      | 16.7046       | 294.696    | 0.173     | 4.461      | County:               |                           |
| H2S         | 0.0030        | 0.000      | 0.000     |            | API Number:           | 3002551394                |
| Propane     | 8.1344        | 204.029    | 0.124     | 2.238      |                       |                           |
| Iso-Butane  | 0.7811        | 25.321     | 0.016     | 0.255      | Spot / Composite:     | SP                        |
| Butane      | 1.9932        | 64.821     | 0.040     | 0.628      | Date / Time On:       |                           |
| Iso-Pentane | 0.4105        | 16.372     | 0.010     | 0.150      | Date / Time Off:      | 10/19/23                  |
| Pentane     | 0.4134        | 16.520     | 0.010     | 0.150      | Date to Lab:          | 10/23/23                  |
| Hexanes C6+ | 0.6401        | 32.729     | 0.021     | 0.279      | Date Analyzed:        | 10/23/23                  |
|             |               |            |           |            | Effective Date:       |                           |
| Hydrogen    | N/A           |            |           |            | Sample Press. (PSIG): | 152                       |
| Helium      | N/A           |            |           |            | Line Press. (PSIG):   | 152                       |
| Oxygen      | N/A           |            |           |            | Sample Temp. (F):     | 107                       |
| CO          | N/A           |            |           |            | Fl. Gas Temp. (F):    | 107                       |
|             |               |            |           |            | Amb. Temp. (F):       | 83                        |
| Totals      | 100.0000      | 1336.732   | 0.803     | 8.161      | 1                     |                           |
|             |               |            |           |            | Del. To:              |                           |
|             |               |            |           |            | Sampled By:           | IF                        |
|             |               |            |           |            | Cylinder No.:         | 657                       |

Field H2O (#/mm):

Field H2S (PPM): 30.0 Dry BTU W/O H2S (Real): 1342.55 Field H2S (Grains): 1.89 Sat. BTU W/O H2S (Real): 1319.59

H2O (# / mmcf): 0.0

Pressure Base: 14.65 AS DEL. BTU W/O H2S (Real): 1342.55
Temp. Base: 60 BTU Calc: 1

e: 60 BTU Calc: Dry
Sp. Gravity (Real): 0.8059

Z Factor (Dry): 0.9956683 Field Gravity: Z Factor (Act.): 0.9956683 Lab Gravitometer:

Dry BTU w/ H2S: 1342.57
Sat BTU w/ H2S: 1319.61

As Del. BTU w/ H2S: 1342.57

GPM Ethane+ (Real): 8.161

GPM Propane+ (Real): 3.700

GPA 2145 / 2172 GPM IC5+ (Real): 0.579

Fld. Remarks: TAG: RESAMPLE

Lab Remarks:

# \*Preliminary Production Data\*

| Well Name              | <u>Production Date</u> | Gas Flare |
|------------------------|------------------------|-----------|
| Woody 22 Fed Com CTB 1 | 11/2/2023              | 56 mcf    |

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720 District II

811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

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

DEFINITIONS

Action 284963

#### **DEFINITIONS**

| Operator:                        | OGRID:                                 |
|----------------------------------|----------------------------------------|
| Permian Resources Operating, LLC | 372165                                 |
| 1001 17th Street, Suite 1800     | Action Number:                         |
| Denver, CO 80202                 | 284963                                 |
|                                  | Action Type:                           |
|                                  | [C-129] Venting and/or Flaring (C-129) |

### **DEFINITIONS**

For the sake of brevity and completeness, please allow for the following in all groups of questions and for the rest of this application:

- this application's operator, hereinafter "this operator";
- · venting and/or flaring, hereinafter "vent or flare";
- any notification or report(s) of the C-129 form family, hereinafter "any C-129 forms";
- the statements in (and/or attached to) this, hereinafter "the statements in this";
- and the past tense will be used in lieu of mixed past/present tense questions and statements.

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1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505

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

QUESTIONS

Action 284963

| Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------|
| Q                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UESTIONS                          |                                                      |
| Operator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | OGRID:                                               |
| Permian Resources Operating, LLC<br>1001 17th Street, Suite 1800                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | 372165 Action Number:                                |
| Denver, CO 80202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | 284963                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Action Type: [C-129] Venting and/or Flaring (C-129)  |
| QUESTIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                      |
| Prerequisites                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                      |
| Any messages presented in this section, will prevent submission of this application. Please resolve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | these issues before continuing wi | ith the rest of the questions.                       |
| Incident Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Unavailable.                      |                                                      |
| Incident Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | [fAPP2326349863] Woody            | y 22 Fed Com CTB 1                                   |
| Determination of Reporting Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                      |
| Answer all questions that apply. The Reason(s) statements are calculated based on your answers a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and may provide addispat quidance |                                                      |
| Was this vent or flare caused by an emergency or malfunction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No                                | 5.                                                   |
| Did this vent or flare last eight hours or more cumulatively within any 24-hour period from a single event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                               |                                                      |
| Is this considered a submission for a vent or flare event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes, minor venting and/or         | r flaring of natural gas.                            |
| An arrange to the life of the control of the contro | -                                 |                                                      |
| An operator shall file a form C-141 instead of a form C-129 for a release that, includes liquid during was there at least 50 MCF of natural gas vented and/or flared during this event                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes                               | y be a major or minor release under 19.15.29.7 NMAC. |
| Did this vent or flare result in the release of <b>ANY</b> liquids (not fully and/or completely                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                      |
| flared) that reached (or has a chance of reaching) the ground, a surface, a watercourse, or otherwise, with reasonable probability, endanger public health, the environment or fresh water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No                                |                                                      |
| Was the vent or flare within an incorporated municipal boundary or withing 300 feet from an occupied permanent residence, school, hospital, institution or church in existence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No                                |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                      |
| Equipment Involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                      |
| Primary Equipment Involved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Not answered.                     |                                                      |
| Additional details for Equipment Involved. Please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Not answered.                     |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                      |
| Representative Compositional Analysis of Vented or Flared Natural Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                      |
| Please provide the mole percent for the percentage questions in this group.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                      |
| Methane (CH4) percentage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 68                                |                                                      |
| Nitrogen (N2) percentage, if greater than one percent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3                                 |                                                      |
| Hydrogen Sulfide (H2S) PPM, rounded up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0                                 |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                 |                                                      |
| Carbon Dioxide (C02) percentage, if greater than one percent  Oxygen (02) percentage, if greater than one percent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                 |                                                      |
| Oxygen (02) percentage, ii greater than one percent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                 |                                                      |
| If you are venting and/or flaring because of Pipeline Specification, please provide the required specification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | cifications for each gas.         |                                                      |
| Methane (CH4) percentage quality requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Not answered.                     |                                                      |
| Nitrogen (N2) percentage quality requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Not answered.                     |                                                      |
| Hydrogen Sufide (H2S) PPM quality requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Not answered.                     |                                                      |
| Carbon Dioxide (C02) percentage quality requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Not answered.                     |                                                      |

Not answered.

Oxygen (02) percentage quality requirement

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<u>District IV</u> 1220 S. St Francis Dr., Santa Fe, NM 87505

District III
1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

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

QUESTIONS, Page 2

Action 284963

| Phone:(505) 476-3470 Fax:(505) 476-3462                                                                                          |                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| QUEST                                                                                                                            | IONS (continued)                                                                                                 |
| Operator:                                                                                                                        | OGRID: 372165                                                                                                    |
| Permian Resources Operating, LLC<br>1001 17th Street, Suite 1800                                                                 | Action Number:                                                                                                   |
| Denver, CO 80202                                                                                                                 | 284963                                                                                                           |
|                                                                                                                                  | Action Type:  [C-129] Venting and/or Flaring (C-129)                                                             |
| QUESTIONS                                                                                                                        |                                                                                                                  |
| Date(s) and Time(s)                                                                                                              |                                                                                                                  |
| Date vent or flare was discovered or commenced                                                                                   | 11/02/2023                                                                                                       |
| Time vent or flare was discovered or commenced                                                                                   | 12:00 AM                                                                                                         |
| Time vent or flare was terminated                                                                                                | 11:59 PM                                                                                                         |
| Cumulative hours during this event                                                                                               | 24                                                                                                               |
| Measured or Estimated Volume of Vented or Flared Natural Gas                                                                     |                                                                                                                  |
| Natural Gas Vented (Mcf) Details                                                                                                 | Not answered.                                                                                                    |
| Natural Gas Flared (Mcf) Details                                                                                                 | Cause: Equipment Failure   Tank (Any)   Natural Gas Flared   Released: 56 Mcf   Recovered: 0 Mcf   Lost: 56 Mcf. |
| Other Released Details                                                                                                           | Not answered.                                                                                                    |
| Additional debails for Management or Estimated Volume (a) Planagement                                                            |                                                                                                                  |
| Additional details for Measured or Estimated Volume(s). Please specify                                                           | Not answered.                                                                                                    |
| Is this a gas only submission (i.e. only significant Mcf values reported)                                                        | Yes, according to supplied volumes this appears to be a "gas only" report.                                       |
|                                                                                                                                  |                                                                                                                  |
| Venting or Flaring Resulting from Downstream Activity                                                                            |                                                                                                                  |
| Was this vent or flare a result of downstream activity                                                                           | I No.                                                                                                            |
| Was notification of downstream activity received by this operator                                                                | No Not answered.                                                                                                 |
| Downstream OGRID that should have notified this operator                                                                         | Not answered.  Not answered.                                                                                     |
| Date notified of downstream activity requiring this vent or flare                                                                | Not answered.                                                                                                    |
| Time notified of downstream activity requiring this vent or flare                                                                | Not answered.                                                                                                    |
| , , , , , , , , , , , , , , , , , , ,                                                                                            |                                                                                                                  |
| Steps and Actions to Prevent Waste                                                                                               |                                                                                                                  |
| For this event, this operator could not have reasonably anticipated the current event and it was beyond this operator's control. | True                                                                                                             |
|                                                                                                                                  |                                                                                                                  |
|                                                                                                                                  |                                                                                                                  |
| Please explain reason for why this event was beyond this operator's control                                                      | VRU down on power issues.                                                                                        |
|                                                                                                                                  |                                                                                                                  |
|                                                                                                                                  |                                                                                                                  |
|                                                                                                                                  |                                                                                                                  |
| Steps taken to limit the duration and magnitude of vent or flare                                                                 | Open valves to divert gas to a second midstream company to relive pressure off the line.                         |
|                                                                                                                                  |                                                                                                                  |
|                                                                                                                                  |                                                                                                                  |
|                                                                                                                                  |                                                                                                                  |
| Corrective actions taken to eliminate the cause and reoccurrence of vent or flare                                                | Clear consistent communication with midstream provider.                                                          |

Clear consistent communication with midstream provider.

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ACKNOWLEDGMENTS

Action 284963

### **ACKNOWLEDGMENTS**

| Operator:                        | OGRID:                                 |
|----------------------------------|----------------------------------------|
| Permian Resources Operating, LLC | 372165                                 |
| 1001 17th Street, Suite 1800     | Action Number:                         |
| Denver, CO 80202                 | 284963                                 |
|                                  | Action Type:                           |
|                                  | [C-129] Venting and/or Flaring (C-129) |

### **ACKNOWLEDGMENTS**

| <b>&gt;</b> | I acknowledge that I am authorized to submit a Venting and/or Flaring (C-129) report on behalf of this operator and understand that this report can be a complete C-129 submission per 19.15.27.8 and 19.15.28.8 NMAC.                                                                                                    |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| V           | I acknowledge that upon submitting this application, I will be creating a new incident file (assigned to this operator) to track any C-129 forms, pursuant to 19.15.27.7 and 19.15.28.8 NMAC and understand that this submission meets the notification requirements of Paragraph (1) of Subsection G and F respectively. |
| V           | I hereby certify the statements in this report are true and correct to the best of my knowledge and acknowledge that any false statement may be subject to civil and criminal penalties under the Oil and Gas Act.                                                                                                        |
| V           | I acknowledge that the acceptance of any C-129 forms by the OCD does not relieve this operator of liability should their operations have failed to adequately investigate, report, and remediate contamination that poses a threat to groundwater, surface water, human health, or the environment.                       |
| <b>~</b>    | I acknowledge that OCD acceptance of any C-129 forms does not relieve this operator of responsibility for compliance with any other applicable federal, state, or local laws and/or regulations.                                                                                                                          |

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CONDITIONS

Action 284963

## **CONDITIONS**

| Operator:                        | OGRID:                                 |
|----------------------------------|----------------------------------------|
| Permian Resources Operating, LLC | 372165                                 |
| 1001 17th Street, Suite 1800     | Action Number:                         |
| Denver, CO 80202                 | 284963                                 |
|                                  | Action Type:                           |
|                                  | [C-129] Venting and/or Flaring (C-129) |

### CONDITIONS

| Created By   | Condition                                                                                                                                                                          | Condition Date |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| chcentennial | If the information provided in this report requires an amendment, submit a [C-129] Amend Venting and/or Flaring Incident (C-129A), utilizing your incident number from this event. | 11/13/2023     |