

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

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

State of New Mexico

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-23696

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

26389

7. Lease Name or Unit Agreement Name:

Malaga C

8. Well No. 1

9. Pool name or Wildcat

Culebra Bluff Atoka, South

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "NOTICE OF INTENTION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

Permian Resources, Inc. OGRID 25797

3. Address of Operator

608 N. Main, Midland, Texas 79701

4. Well Location

Unit Letter E: 1980 feet from the North line and 660' feet from the West line

Section 36 Township 23S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
2990' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Permian Resources, Inc. proposes the following operations to begin February 18, 2002:

Set a CIBP by wireline in 5 1/2" casing on ~~11,540'~~ 11,740'

Cap with 35' cement and load casing w/2% KCL/packer fluid.

NU WH and perform MIT per NMOCDC Regulations.

Notify OCD 24 hrs. prior to any work done

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barbara Watson TITLE Regulatory Compliance DATE 02/15/2002

Type or print name Barbara Watson

Telephone No. 915/685-0113

(This space for State use)

APPROVED BY [Signature] TITLE Wild Dog ID DATE FEB 19 2002

Conditions of approval, if any: