

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505WELL API NO.  
30-025-29835

5. Indicate Type of Lease

STATE ☒FEE ☐6. State Oil & Gas Lease No.  
VA-26

7. Lease Name or Unit Agreement Name

West Tres Papalotes Pen Unit

8. Well No.

30-1 301

9. Pool name or Wildcat

Tres Papalotes Penn West

## SUNDRY NOTICES AND REPORTS ON WELLS

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

1. Type of Well:

OIL  
WELL ☐GAS  
WELL ☐Unitized by R-9072  
OTHER Injection Well

2. Name of Operator

Permian Resources, Inc. dba Permian Partners, Inc.

3. Address of Operator

P. O. Box 590 Midland, TX 79702

4. Well Location

Unit Letter I : 800 Feet From The East Line and 1980 Feet From The South LineSection 30Township 14-SRange 34-E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 ☐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.

1. Set CIBP @ 10,300' w/35' cmt. on top using wireline dumpbailer.
2. Displace well w/9.5 ppg. salt mud.
3. Set 100' plug from 7000-6900'.
4. Cut 5-1/2 csg. @ 5000' and POH.
5. Set 100" plug from 5000-4900' in csg. stub.
6. Spot 100' plug from 4482-4382' (8-5/8 shoe plug).
7. Spot 100' plug from 400-300' (13-3/8 surface shoe plug)
8. Spot 10 sx. @ surface.
9. Weld on cap and dryhole maker.

THE COMMISSION MUST BE NOTIFIED 24  
HOURS PRIOR TO THE RESUMPTION OF  
PRODUCTION OPERATIONS FOR THE WELL  
TO BE APPROVED.

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

SIGNATURE

TITLE

Production Manager

DATE

11/21/97

TYPE OR PRINT NAME

Randy Bruno

TELEPHONE NO. 915/685-0113

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JCJB

dp