

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

Form C-103
Revised March 25, 1999

WELL API NO.

30-025-22069

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

State BG Property No. 018913

8. Well No.

1

9. Pool name or Wildcat

Quail; Queen 50450

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 ☐ Other ☐

2. Name of Operator

Permian Resources, Inc. OGRID No. 225797

3. Address of Operator

P.O. Box 590 Midland, Texas 79701

4. Well Location

Unit Letter H : 1320 feet from the North line and 660 feet from the East line

Section 43 14 Township 19S Range 34E NMPM County

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

3970.2' GL

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: Well Sign ☐

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. wishes to advise the well sign at put placed at the well site. Please refer to Inspection No. ELG020185318.

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 3-5-02

Type or print name Barbara Watson

Telephone No. 915/685-0113

(This space for State use)

APPROVED BY

Conditions of approval, if any:

ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

MAR 12 2002