

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

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-22181
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Permian Resources, Inc. OGRID No. 225797		6. State Oil & Gas Lease No. OG 2001
3. Address of Operator P.O. Box 590 Midland, Texas 79701		7. Lease Name or Unit Agreement Name: State BH Property No. 019257
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>13</u> Township <u>19S</u> Range <u>34E</u> NMPM County		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3966' DF		9. Pool name or Wildcat Quail; Queen 50450

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Well Sign <input type="checkbox"/>
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 engineering evaluation on the State BH Well No. 1. Form C-103 will be filed on the Intent of Remedial Work to be performed on the well to bring the well into compliance with the OCD in the very near future. Please refer to Inspection No. ELG020185374.

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
(This space for State use)

Telephone No. 915/685-0113

APPROVED BY _____
Conditions of approval, if any:

ORIGINAL SIGNED BY
GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER
DATE MAR 12 2002