

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

WELL API NO. 30-025-26783
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Quail State Property No. 018866
8. Well No. 5
9. Pool name or Wildcat Quail; Queen 50450
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3980' GL

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 L : 660 feet from the West line and 1980 feet from the South line
Section 14 Township 19S Range 34E NMPM County

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. wishes to advise engineering evaluation on the Quail State #5. 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. ELG020185033.

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

TITLE REGULATORY COMPLIANCE DATE MAR 12 2002