

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-25904
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NMLC070315
7. Lease Name or Unit Agreement Name Wallen Bass
8. Well No. 3
9. Pool name or Wildcat Middle Lynch (Yates Seven Rivers)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Permian Resources, Inc. DBA Permian Partners, Inc.	
3. Address of Operator P.O. Box 590 Midland, Texas 79702	
4. Well Location Unit Letter <u>P</u> : <u>330'</u> Feet From The <u>FEL</u> Line and <u>660'</u> Feet From The <u>FSL</u> Line Section <u>21</u> Township <u>20S</u> Range <u>34E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) DF 3672	

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: Convert to Salt Water Disposal ☐

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.

Plan to convert to Disposal.

- (1) RIH w/ 2 3/8 IPC tbg. at 3520', set PKR at 3380, perfs are at 3480'-3642'.
- (2) Fluid is produced water from Wallen Bass #4 well.
- (3) Rate/Volume: 100 BWPD @ 500 psi (max.).

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

SIGNATURE Robert H. Marshall TITLE Vice President DATE 2-24-98
TYPE OR PRINT NAME Robert H. Marshall TELEPHONE NO. 915-685-0113

(This space for State Use)

ORIGINAL SIGNED BY

CARY WINK

MAR 25 1998

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: