Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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.
30-025-26458

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
NMLC070315

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.)

7. Lease Name or Unit Agreement Name
Wallen Bass

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER Salt Water Disposal

2. Name of Operator
Permian Resources, Inc,. DBA Permian Partners, Inc.

8. Well No.
2

3. Address of Operator
P.O. Box 590 Midland, Texas 79702

9. Pool name or Wildcat
Middle Lynch (Yates Seven rivers)

4. Well Location
Unit Letter N : 660 Feet From The South Line and 2310 Feet From The West Line

Section 21 Township 20S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
Df 3673

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Casing Integrity Test - WaterDisposal Well [X]	

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.

5-18-98:

RIH w/tbg. Tag bottom 3657'. Pooh w/tbg. laid down bailer. PU Baker Ad-1 Packer. RIH w/tbg. to 3394' cir. packer fluid. Unflange well head set AD-1 10,000 tension pressured casing 540 psi Run chart. Held okay for 30 minutes. Rig down.

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

SIGNATURE [signature] TITLE V.P. DATE 5-22-98

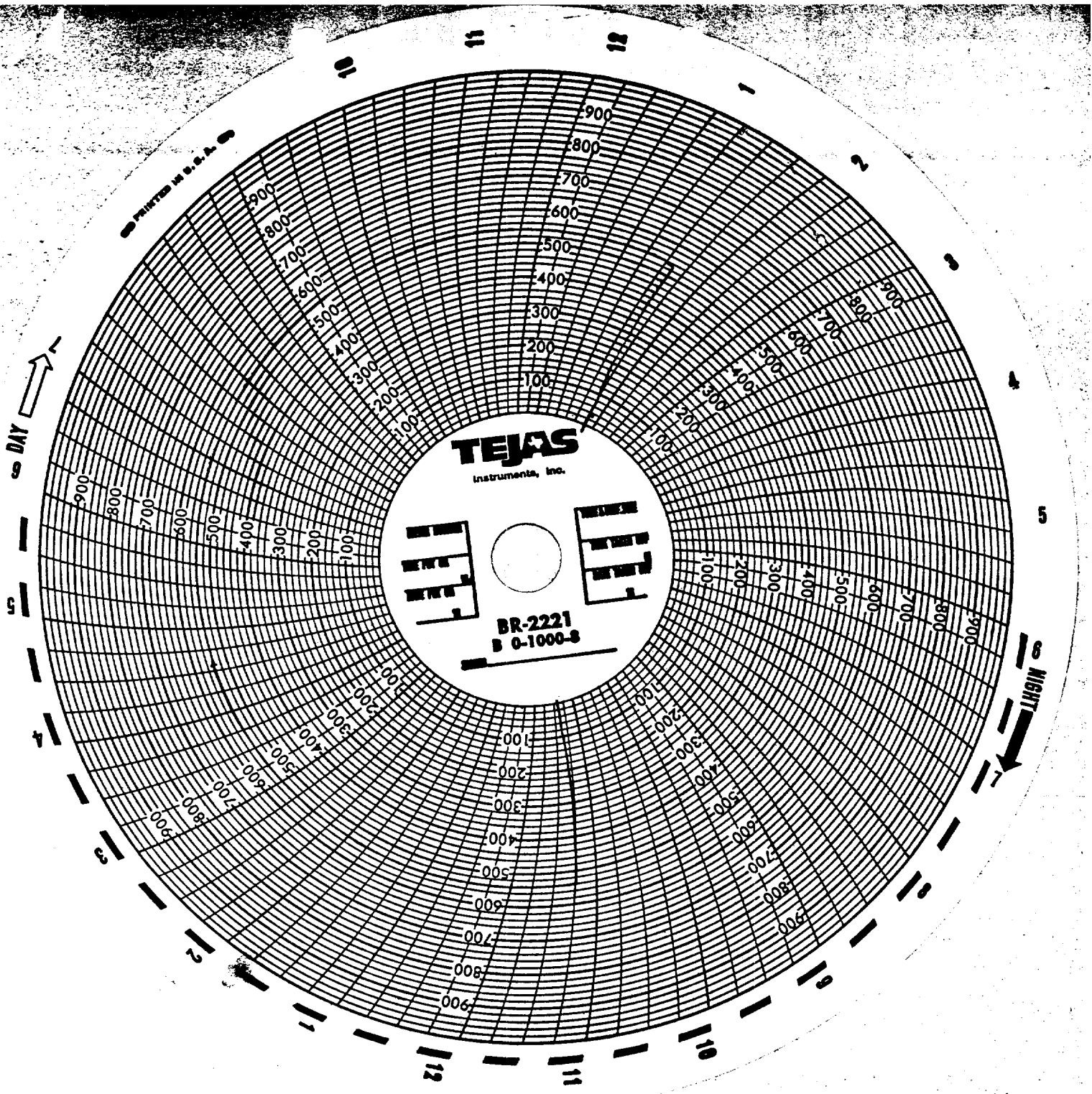
TYPE OR PRINT NAME Robert H. Marshall TELEPHONE NO. 915-685-0113

(This space for State Use)

APPROVED BY [illegible] TITLE DISTRICT SUPERVISOR DATE JUN 01 1998

CONDITIONS OF APPROVAL, IF ANY:

J
C
SN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