

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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. 30-025-06264
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 type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Permian Resources, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 590, Midland, TX 79702		7. Lease Name or Unit Agreement Name: Eumont Hardy Unit
4. Well Location Unit Letter <u>0</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>25</u> Township <u>20S</u> Range <u>37E</u> NMPM Lea County		8. Well No. 3
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Eumont (Y-SR-Q)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" 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: <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 recompletion.

With permission of the OCD: Unit Well. Plan to GIH, drill out CIBP; Place cmt retainer @ 3635' and squeeze perms 3652 - 3783'. RIH w/wireline, perf 3503 - 3598' (Upper Queen), acidize 3500 gals 15% NeFe. Flow well and evaluate results.

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

SIGNATURE Robert Marshall TITLE President DATE 12-8-00

Type or print name Robert Marshall
(This space for State use)

Telephone No. 915 685-0113

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any: