Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103		
Office District I	Energy, Minerals and Natural Resources			Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.		
District II	OIL CONSERVATION DIVISION			30-025-07867		
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	taa NIM 97410			STATE XX FEE		
District IV Santa Fe, NM 87505				Gas Lease No.	.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				25104		
		PEN OR PLI	UG BACK TO A	7. Lease Name o	-	ment Name:
1. Type of Well: Oil Well Gas Well Other WIW				Eumont Hardy	Unit	1
2. Name of Operator				8. Well No.		
Permian Resources, Inc. OGRID No. 225797				5		
3. Address of Operator				9. Pool name or Wildcat		
P.O. Box 590, Midland, Texas 79702  4. Well Location				Eumont: Yates, 7 Rivers, Queen		
Unit LetterI66 Section 31	feet from the	20\$	Range 38E	NMPM	theWest	line
	3512		., 1112, 111, 511, 510	•		
11 Check As	opropriate Box to Ir		ature of Notice	Report or Other	r Data	
NOTICE OF INT		idicate iv		SEQUENT RE		· <b>.</b>
PERFORM REMEDIAL WORK	PLUG AND ABANDON	٠ 🗆	REMEDIAL WOR			CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT			
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AN CEMENT JOB	ND 🗆		
OTHER:			OTHER: Mecha	anical Integrity Tes	t	
<ol> <li>Describe proposed or completed starting any proposed work). SEI recompilation.</li> </ol>	operations. (Clearly sta E RULE 1103. For Mu	ate all pert ltiple Com	inent details, and given pletions: Attach we	ve pertinent dates, ellbore diagram of	including esti proposed com	mated date of apletion or
Permian Resources, Inc. respectful on October 10, 2002. Starting Pr						
witnessed by Ed Gonzales.					-1011127	2.5
					S. March	
					625/200 4064/20	500
I hereby certify that the information a	hove is true and comple	te to the h	est of my knowledge	e and belief		
i nercoy certary macure information a	core is a uc and comple	w une o	cot or my knowledge	walle Collei.		
SIGNATURE SHALLARA	1/7msTITI	LE_Regul	latory Compliance_		DATE10	0-30-02
Type or print name Barbara Watso	on		<u> </u>	Telephone No. 9	15/685-0113	
(This space for State use)						
A DDDD OVED BY	IGINAL SIGNED BY	यम्बन्धः । र			DATE	
	<del></del>	TITLE			NOV.	
Conditions of approval, if any:	FIELD REPRESENTAT	TIVE II/STA	AFF MANAGER		NOV -	5 2002

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