Directify   Dire	District I	State of New Mexico Energy, Minerals and Natural Resources			Form C-1
DIRECTION FIRST AREASIS NM 87210  OIL CONSERVATION DIVISION  2040 South Pacheco Santa Fe, NM 87505  Santa Fe, NM 87505  SINDRY NOTICES AND REPORTS ON WELLS  DO NOT USE THIS FORM FOR PROPOSALS TO DAILL OR TO DESIPEN OR PLUG BACK TO A PERFORMAN SERVICE OF THE STORM FOR PROPOSALS TO DAIL OR TO DESIPEN OR PLUG BACK TO A PERFORMAN SERVICE OF THE STORM FOR PROPOSALS TO DAIL OR TO DESIPEN OR PLUG BACK TO A PERFORMAN SERVICE OF THE STORM FOR PROPOSALS TO DAIL OR TO DESIPEN OR PLUG BACK TO A PERFORMAN SERVICE OF THE STORM FOR PROPOSALS TO DAIL OR TO DESIPEN OR PLUG BACK TO A PERFORMAN SERVICE OF THE STORM FOR PROPOSALS TO DAIL OR TO DESIPEN OR PLUG BACK TO A PERFORMAN SERVICE OF THE STORM FOR PREMATICATION FOR PERMATICATION FOR PER	1625 N. French Dr. Hobbs, NM 87240			Revised March 25, 10	
Discrete Type of Lease  Santa Fe, NM 87505  Santa Fe, NM 87505  Santa Fe, NM 87505  SUNDRY NOTICES AND REPORTS ON WELLS  SUNDRY NOTICES AND REPORTS ON WELLS  CON NOT USE THIS FORM FOR REPORTS ON WELLS  DO NOT USE THIS FORM FOR REPORTS ON WELLS  CON NOT USE THIS FORM FOR REPORTS ON WELLS  CON NOT USE THIS FORM FOR REPORTS ON WELLS  CON NOTICE OF A PHILOATION FOR PERMIT (FORM C-101) FOR SUCH TO A PREMIT (FORM C-101) FORM C-101) FOR SUCH TO A PREMIT (FORM C-101) FOR SUCH TO A PREMIT (FORM C-101) FOR SUCH TO A PREMIT (FORM C-101) FOR SUCH TO A PRE	District II	OII CONSERVATIONS	)		11121
1000 Nin Brason Rd. Azec, NM 27410   Santa Fe, NM 87505   Santa Fe, NM 87505   G. STATE ZO. FEE   Designed Perhebo. Santa Fe, NM 87505   G. State Cil & Gas Lease No. 25104   7. Lease Name of Unit Agreement Name of Proposals.)   1. Type of Well:	District III			5. Indicate Type	of Lease
Section 1 Township 21S Range 36E NAPM Lea County    Section 1	1000 Rio Brazos Rd., Aztec, NM 87410				~~~
DONOR USE THIS FORM FOR PROPOSALS TO DREPORTS ON WELLS	2040 South Pacheco, Santa Fe, NM 87505	Santa Pe, INIVI 87303		6. State Oil & (	Gas Lease No.
DONOT USE THIS FORM FOR PROPOSALS TO DEETEN OR PLUG BACK TO A DEFERENCE SERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)   Type of Well: Oil Well	SUNDRY NOTI	CES AND REPORTS ON WELLS	<del></del>	25104	: - Y T - 'A A
1. Type of Well:  Oil Well	DIFFERENT RESERVOIR. USE "APPLIC	SALS TO DRILL OF TO DEEDEN OF BLUC	BACK TO A SUCH	7. Lease Name o	or Unit Agreement Nan
2. Name of Operator Permian Resources, Inc. 3.2 3. Address of Operator P. O. Box 590 Midland. TX 79702 9. Pool name or Wildcat Eumont (Yates-7R-Q) 4. Well Location Unit Letter H 1980 feet from the North line and 660 feet from the East line Section 1 Township 21s Range 36F NAPM Lea County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3501 BHF 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS ABANDONMENT COMPLETION CHANGE PLANS COMMENCE DRILLING OPNS ABANDONMENT COMPLETION CHANGE PLANS COMMENCE DRILLING OPNS ABANDONMENT COMPLETION CHANGE PRILLING OPNS OF PLUG AND ABANDONMENT OF SERVICE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  Test conducted: 01 B-01 Start PSI: 515# End PSI: 510# (32 min.)  Test conducted: 01 B-01 Start PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Manuals TITLE Geologist DATE 01/29/ Type or print name Dave Kyasnicka	1. Type of Well:				
Permian Resources, Inc.  32  33  Address of Operator P. O. Box 590  Midland. TX 79702  4. Well Location  Unit Letter H : 1980 feet from the North line and 660 feet from the East is Section 1  Township 21s Range 36E NAPM Lea County  10. Elevation (Show whether DR, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PLUG AND ABANDON CEMENT JOB  OTHER:  OTHER:		Other Injector		<u>.1</u>	ardy Unit
3. Address of Operator P. O. Box 590 Midland, TX 79702  4. Well Location  Unit Letter H : 1980 feet from the North line and 660 feet from the East in Section 1  Township 21s Range 36E NMPM Lea County  10. Elevation (Show whether DR RKB, RT, GR etc.)  3501' BHF  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PLUG AND ABANDONMENT CEMENT JOB  OTHER:  12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  Test conducted: 01   16   01   16   01   16   01   16   01   16   01   16   01   16   01   16   01   16   01   16   01   01	Permian Resources	Inc			
P. Q. Box 590 Midland, TX 79702 Edumont (Yates-7R-Q)  4. Well Location  Unit Letter H : 1980 feet from the North line and 660 feet from the East file Section 1 Township 21s Range 36E NAPM Lea County  10. Elevation (Show whether DR RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDON   CASING TEST AND CHEMEN JOB  OTHER:   OTHER: CASING   MULTIPLE COMPLETION   OTHER: Casing integrity test  12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion recompliation.  Test conducted: 01	3. Address of Operator	Inc.	<del></del>		
Unit Letter H : 1980 feet from the North line and 660 feet from the East 10 Section 1 Township 21s Range 36E NMPM Lea County 10. Elevation (Show whether DR RKB, RT, GR etc.) 3501' BHF  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT COMPLETION CASING TEST AND CHANGE PLANS COMPLETION CASING TEST AND CEMENT JOB OTHER: Casing integrity test of starting any proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated did or recompilation.  Test conducted: 01-18-01 Start PSI: 515# End PSI: 510# (32 min.)  Tothing PSI: 1240# Casing PSI: 0 Sourface PSI: 0 Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Washingkas Talebase A Talebase A Talebase A Date 01/29/ Type or print name Daye Kyasnicka	P. O. Box 590	Midland. TX 79702			
Section 1  Township 21s Range 36E NMPM Lea County  10. Elevation (Show whether DR, RKB, RT, GR, etc.)  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND PULL OR ALTER CASING   MULTIPLE   CASING TEST AND   COMMENT JOB  OTHER:   OTHER: casing integrity test  12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated did of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completed operations.  Test conducted: 01-18-01 Start PSI: 515# End PSI: 510# (32 min.)  Tost conducted: 01-18-01 Start PSI: 0 Surface PSI: 0 Surface PSI: 0 Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   Manual Language   DATE 01/29/ Type or print name   Dave Kyasnicka   Telephan No. 015-660	4. Well Location	10102		TROMDE (	iates-/R-Q)
Section 1 Township 21s Range 36E NMPM Lea County  10. Elevation (Show whether DR RKB, RT, GR, etc.) 3501' EHF  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON COMPLETION  TEMPORARILY ABANDON CHANGE PLANS COMPLETION  PULL OR ALTER CASING MULTIPLE COMPLETION  CASING TEST AND CEMENT JOB  OTHER:  OTHER:  OTHER: Casing integrity test  12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  Test conducted: 01-18-01 Start PSI: 515# End PSI: 510# (32 min.)  Tubbing PSI: 1240# Casing PSI: 0 Surface PSI: 0 Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Washingka Tittle Geologist DATE 01/29/ Type or print name Dave Kyasnicka	Unit Letter H :	1980 feet from the North	line and	660	maka Pagab
10. Elevation (Show whether DR RKB, RT GR etc.)  3501' BHF  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND PULL OR ALTER CASING   MULTIPLE   COMPLETION   CASING TEST AND   CEMENT JOB  OTHER:   OTHER: casing integrity test  12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  Test conducted: 01   6; 01 Start PSI: 515#   End PSI: 510# (32 min.)  Tubing PSI: 1240#  Casing PSI: 0  Surface PSI: 0  Surface PSI: 0  Surface PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   Vascuicle TITLE   Geologist   DATE 01/29/  Type or print name   Dave Kyasnicka   Talesbur No. 15 f (60)					m the <u>East</u>
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING  TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT    PULL OR ALTER CASING   MULTIPLE   CASING TEST AND CEMENT JOB    OTHER:   OTHER:   Casing integrity test    12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated do of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  Test conducted: 01	3001011	10. Elevation (Show whather D2)	BVR DT CD	NMPM Lea	County
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB   OTHER: Casing integrity test    OTHER:   OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing in		220I. BHL			
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB   OTHER: Casing integrity test    OTHER:   OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing integrity test    OTHER: Casing in	11. Check A	ppropriate Box to Indicate Nat	ure of Notice	Report or Other	Date
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT COMPLETION CEMENT JOB  OTHER: COMPLETION OTHER: Casing integrity test  12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion recompilation.  Test conducted: 01-18-01  Start PSI: 515# End PSI: 510# (32 min.)  Tubing PSI: 1240#  Casing PSI: 0  Surface PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Payer PAYER TITLE Geologist DATE 01/29/  Type or print name Dave Kyasnicka	NOTICE OF IN	TENTION 1().	SUR	SEQUENT DE	DODT OF
TEMPORARILY ABANDON	PERFORM REMEDIAL WORK	PLUG AND ABANDON [	REMEDIAL WOR	K	
PULL OR ALTER CASING   MULTIPLE   CASING TEST AND   CEMENT JOB    OTHER: OTHER: Casing integrity test    12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated do of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion    Test conducted: 01   18   01    Start PSI: 515#   End PSI: 510# (32 min.)    Tubing PSI: 1240#   Casing PSI: 0    Surface PSI: 0    Intra PSI: 0    Good test!   Intereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   Valuable   Date   D	TEMPORARILY ABANDON	CHANGE PLANS (	COMMENCE DRI	LLING OPNS.	
OTHER:    CEMENT JOB	PULL OR ALTER CASING				
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated do of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  Test conducted: 01-18-01 Start PSI: 515# End PSI: 510# (32 min.) Tubing PSI: 1240# Casing PSI: 0 Surface PSI: 0 INTR PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Dave Kyasnicka  Telephon No. 015 (60)		001101 ===01		,,,	
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated do of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.  Test conducted: 01-18-01 Start PSI: 515# End PSI: 510# (32 min.) Tubing PSI: 1240# Casing PSI: 0 Surface PSI: 0 INTR PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE PARE DATE 01/29/ Type or print name Dave Kyasnicka	OTHER:	_ l,	OTHER: Cac	ing into	44. 4
Test conducted: 01-18-01 Start PSI: 515# End PSI: 510# (32 min.) Tubing PSI: 1240# Casing PSI: 0 Surface PSI: 0 INTR PSI: 0 Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Vasnick TITLE Geologist DATE 01/29/ Type or print name Dave Kyasnicka	12. Describe proposed or complete	ed operations (Clearly state all and			
Test conducted: 01-18-01 Start PSI: 515# End PSI: 510# (32 min.) Tubing PSI: 1240# Casing PSI: 0 Surface PSI: 0 INTR PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Value TITLE Geologist DATE 01/29/ Type or print name Dave Kyasnicka		SEE RULE 1103. For Multiple Co.	mpletions: Attach	ive periment dates, i wellbore diagram	of proposed completic
Start PSI: 515# End PSI: 510# (32 min.)  Tubing PSI: 1240#  Casing PSI: 0  Surface PSI: 0  INTR PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Value TITLE Geologist DATE 01/29/  Type or print name Dave Kyasnicka	or recompliation.	•	•		or proposed completio
Start PSI: 515# End PSI: 510# (32 min.) Tubing PSI: 1240# Casing PSI: 0 Surface PSI: 0 INTR PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Value TITLE Geologist DATE 01/29/ Type or print name Dave Kyasnicka		$\mathcal{K}$			
Tubing PSI: 1240#  Casing PSI: 0  Surface PSI: 0  INTR PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Vasnicka TITLE Geologist DATE 01/29/  Type or print name Dave Kyasnicka	Test conducted: 01	L <b>- 1</b> 8 ÷ 0 1			
Tubing PSI: 1240# Casing PSI: 0 Surface PSI: 0 INTR PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE	- ···	V End PSI: 51	.0# (32 mi	in.)	
Surface PSI: 0  INTR PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE		31	- " ( 52 1111	• ;	
INTR PSI: 0  Good test!  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE	Surface PSI 0				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Value Value TITLE Geologist DATE 01/29/ Type or print name Dave Kyasnicka					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE Value Value TITLE Geologist DATE 01/29/ Type or print name Dave Kyasnicka					
SIGNATURE Vasnick TITLE Geologist DATE 01/29/ Type or print name Dave Kyasnicka	INTR PSI: 0				
SIGNATURE Vasnick TITLE Geologist DATE 01/29/ Type or print name Dave Kyasnicka					
SIGNATURE Vasnick TITLE Geologist DATE 01/29/ Type or print name Dave Kyasnicka	INTR PSI: 0				
SIGNATURE Vasnick TITLE Geologist DATE 01/29/ Type or print name Dave Kyasnicka	INTR PSI: 0				
Type or print name Dave Kyasnicka  Telephone No. 015 / 60	INTR PSI: 0 Good test!				
Type or print name Dave Kyasnicka	INTR PSI: 0 Good test!	above is true and complete to the bes	t of my knowledg	ge and belief.	
(This space for State use)	INTR PSI: 0  Good test!  I hereby certify that the information				DATE_01/29/
	INTR PSI: 0  Good test!  I hereby certify that the information SIGNATURE  Type or print name Days	e Kvasnicka TITLE		-	DATE_01/29/
	INTR PSI: 0  Good test!  Thereby certify that the information  SIGNATURE  Type or print name  Days	e Kvasnicka TITLE		-	

