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

WELL API NO.
30-025-04436

5. Indicate Type of Lease
STATE XX   FEE ☐

6. State Oil & Gas Lease No.
25104

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 ☐   Gas Well   Other Injector

2. Name of Operator
Permian Resources, Inc.

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

4. Well Location

7. Lease Name or Unit Agreement Name:
Eumont Hardy Unit

8. Well No.
31

9. Pool name or Wildcat
Eumont (Yates-7R-Q)

Unit Letter A : 660 feet from the North line and 660 feet from the East line

Section 1   21S Township 36E Range   NMPM   Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3496' BHF

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 ☐   MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: casing integrity test XX

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 recompilation.

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Test conducted:  01-18-01
Start PSI:  480#
Tubing PSI:  0          End PSI:   455# (38 min.)
Casing PSI:  0
Surface PSI: 0

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

SIGNATURE Dave Kvasnicka TITLE Geologist DATE 01/29/01

Type or print name Dave Kvasnicka

(This space for State use)   Telephone No. 915/685-0113

APPPROVED BY _____   TITLE _____   DATE _____

Conditions of approval, if any:

-JCS