

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons.  
P.O. Box 1980  
Hobbs, NM 88241

MUKM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.  
NM ~~632702~~ 83197

6. If Indian, Allottee or Tribe Name

7. If Unit or C.A. Agreement Designation

**SUBMIT IN TRIPLICATE**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
**PERMIAN RESOURCES, INC**

3. Address and Telephone No.  
**P.O. BOX 590, MIDLAND, TEXAS 79702**

4. Location of Well (Range, Sec., T., R., M., or Survey Description)

**Sec. 23, T7S, R33E, (H), SE/NE**

8. Well Name and No

**FEDERAL 23 # 9**

9. API Well No.

**30-041-10535**

10. Field and Pool, or Exploratory Area

**CHAVEROO(SAN ANDRES)**

11. County or Parish, State

**ROOSEVELT, NM**

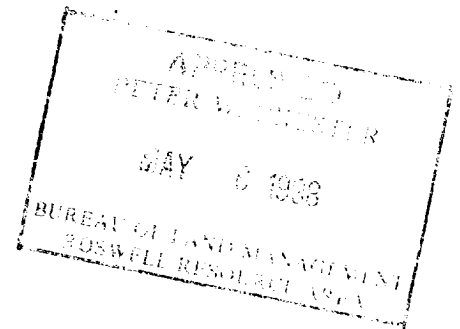
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	<input type="checkbox"/> New Construction
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> Non-Routine Fracturing	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Conversion to Injection	<input type="checkbox"/> Dispose Water
	<input type="checkbox"/> Casing Repair		
	<input type="checkbox"/> Altering Casing		
	<input type="checkbox"/> Other _____		

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Well will be re-entered to attempt completion, If not successful the well will be plugged and abandoned. i

With the permission of the Bureau of Land Management, work will be completed on or DEC 15, 1998



14. I hereby certify that the foregoing is true and correct

Signed

*[Signature]*

Title **Vice President**

Date **4-14-98**

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side