Submit 5 Copies				State of	New Mexico				
Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 81	8240		, Minera	ls and N	latural Resources Depar			Revis	C-104 ed 1-1-89
DISTRICT II P.O. Drawer DD, Artesia, NM	88210	OIL	CONS	SERV P.O.	ATION DIVISI Box 2088	ON		see in at Bot	ustruction Lom of Pi
DISTRICT III 1000 Rio Brazos Rd., Aziec, NI	√1 874 10			, New J	Mexico 87504-2088				
I. Operator	RE	EQUEST . TO TF	FOR AL		ABLE AND AUTHOR	RIZATIO	N		
Permian Resources	, Inc., d/	b/a Perr	nian D	antro	AL AND NATURAL (GAS W	LI API No.		
Permian Resources, Inc., d/b/a Permian Partr Address P. O. Box 590, Midland, TX. 79702					ars, Inc. <u>30-041-10477</u>			/	
Reason(s) for Filing (Check pro)	per box)	/9/02	<u> </u>						
New Well Recompletion Change in Operator XXX If change of operator give name	Oil Casiog		in Transpo Dry Ga Conden	• 🗆	Uther (Please ex Effective:	•	2		
and address of previous operator		plusia	il C	arp.					
IL DESCRIPTION OF	WELL AND L							<u> </u>	
Jennifer Chaveroo	SA UN Se	₩еШ Na c35 6		me, inclusive eroo	ding Formation San Andres	Kin	d of Lease e, Federal or Fee	L	esse Na
Unit LetterF	:	1980						0G-0	
Section 35	Township 7	s				980	Feet From The	West	l
			Range	33E	, NN1PM,		Roose	velt	Count
II. DESIGNATION OF Name of Authorized Transporter			IL AND	NATL	IRAL GAS				
Name of Authonized Transporter	-Accelling to	firm	ian		Address (Give address 10 w	hich approv	ed copy of this form	is to be se	ni)
- Indent N	GL Anc	S	or Dry G	iaa 🖂	Address (Give address 10 w	hich approve	d copy of this form	is 10 be se	nu)
I well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp	Rge.	Is gas actually connected?	Whe			
this production is commingled w V. COMPLETION DAT	rith that from any c	ther lease or				i			
V. COMPLETION DAT	A			~	ing order number:		·		
Decisionale Trans C.C.		101111							
Designate Type of Comp	letion - (X)	Oil Well	Ga	s Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res
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lowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance vith Rule 111. 'sections of this form must be filled out for allowable on new and recompleted wells. Sut only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

RECEVEL

JUN 1 - 1993 OOD HOSE OFFICE