

UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.  
NM 0108997-B

6. If Indian, Allottee or Tribe Name  
N/A

7. If Unit or C.A. Agreement Designation  
N/A

8. Well Name and No.  
Jennifer Chav SA #12

9. API Well No.

10. Field and Pool, or Exploratory Area  
Chaveroo San Andres

11. County or Parish, State  
Roosevelt

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

SUBMIT IN TRIPLICATE

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Permian Resources, Inc. dba Permian Partners, Inc.

3. Address and Telephone No.  
P. O. Box 590 Midland, TX 79702 915/685-0113

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Section 26 T7S R33E 1980 FSL 660 FWL NMPM  
Unit Letter L

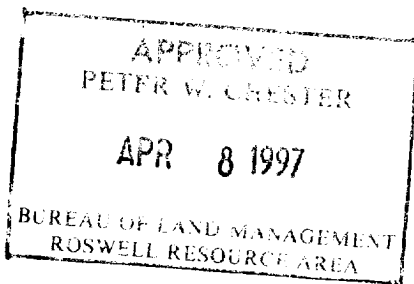
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

Request additional time for evaluation of well. This abandoned producer was shut-in by previous operator. We will return well to producing status by moving in company pulling unit, pulling rods, tubing and pump, run in hole with same, tag bottom and begin pumping.



APPROVED FOR 5 MONTH PERIOD  
ENDING 9/8/97

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

Signed [Signature] Title Vice President Date April 4, 1997

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any:

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