Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103		
District I	Energy, Minerals and Natural Resources			Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO.		
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-22069		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			5. Indicate Type of Lease STATE X FEE		
District IV	Santa Fe, NM 87505				Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505						
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 X Gas Well Other 2. Name of Operator				7. Lease Name or Unit Agreement Name: State BG Property No. 018913 8. Well No.		
Permian Resources, Inc. OGRID No. 225797				6. Well No. 1		
3. Address of Operator P.O. Box 590 Midland, Texas 79701				9. Pool name or Wildcat Quail; Queen 50450		
4. Well Location						
Unit Letter <u>H</u> : 1:	feet from the	North	line and	660 feet from t	he <u>East</u> l	ine
Section 14	Township 19S		ange 34E		Lea County	
	10. Elevation (Show w		R, RKB, RT, GR, et	tc.)		
11 Check A	3972 DR 3960		ature of Nation	Donout on Other	n Doto	
NOTICE OF IN	ppropriate Box to Inc	iicate N		SEQUENT RE		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR		ALTERING CASIN	IG 🗌
TEMPORARILY ABANDON X	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND		
OTHER:			OTHER:			П
 Describe proposed or completed starting any proposed work). SE recompilation. 	l operations. (Clearly stat E RULE 1103. For Multi	e all perti iple Com	inent details, and gi pletions: Attach w	ive pertinent dates, ellbore diagram of	including estimated proposed completion	date of
Permian Resources, Inc. wishes NM time.	to notify OCD of TA Tes	st to be co	ompleted Monday,	April 15, 2002 at 9	3141516777870	
				7891011	314151677787830 APR 2002	3223
I hereby certify that the information a	boye is true and complete	to the be	est of my knowledg	ge and belief	Hobbs	3/
SIGNATUR <u>E NULLARIA (</u>	Witne T	TTLE: _F	Regulatory Compli	iance 2	OCD _DATE_4-10-02	/
Type or print name: Barbara Watson		Telephon	e No. 915/685-011	.3	Loc. Ed. Sal	
(This space for State use)						
ADDDDOVED DV	OR	GINAL S	IGNED BY INK ERRESENTATIVE I	LLANAGE	DAAPR 2 3 20	02
APPPROVED BY Conditions of approval, if any:	GA	ATA M	EPRESENTATIVE I	USTAFF MAINACE	DATE ~ 0 20	<u> </u>
conditions of approval, if ally.	OC	HILLU K	h-1 11			