Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103		
Office District I	Energy, Minerals and Natural Resources		THE PARTY OF THE P	Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.	11	
District II	OIL CONSERVATION DIVISION			30-025-2218		
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.			5. Indicate Type of		
1220 South St. Transis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE X			
District IV Sama Pe, INIVI 87303			6. State Oil & Ga	is Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505				OG 2001		
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.)				7. Lease Name or Unit Agreement Name: State BH Property No. 019257		
1. Type of Well:						
Oil Well X Gas Well Other				0. 111 11 3 7		
2. Name of Operator				8. Well No.		
Permian Resources, Inc. OGRID No. 225797				O D 1 Wildest		
3. Address of Operator				9. Pool name or Wildcat		
P.O. Box 590 Midland, Texas 79701				Quail; Queen 50450		
4. Well Location						
Unit LetterD_ : 6	60 feet from the	North	line and6	feet from the	Westline	
Section 13	Township 19	S R	ange 34E	NMPM Lea	a County	
Section 13	10. Elevation (Show	whether D				
	3966' DF	Wilconer D.	(1, 10, 10, 11, 11, 11, 11, 11, 11, 11, 1			
11 Chook	Appropriate Box to I	ndicate N	lature of Notice	Report or Other	Data	
II. Check A	Appropriate Dox to a	iluicate iv	SII	BSEQUENT RE	PORT OF:	
	ITENTION TO:	N FIVV	REMEDIAL WO		ALTERING CASING	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N XX	REWEDIAL WO		AETEKING ONOMO	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE D	OMMENCE DRILLING OPNS.☐ PLUG AND XX ☐ ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB			
		П	OTHER:			
OTHER: 12. Describe proposed or complete				-i mantinant datas i	naluding estimated date of	
starting any proposed work). S recompilation. Permian Resources, Inc. v filled according to OCD s	EE RULE 1103. For Movishes to advise that	ultiple Con	pletions: Attach	welloore diagram of p	proposed completion of	
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				1.1.11.2	Harris	
I hereby certify that the information	n above is true and comp	olete to the	best of my knowle	edge and belief.	QQ.	
SIGNATURE SALLALA S	atme		egulatory Compli		1-02-03	
Type or print name Barbara Watso				Telephone No.	915/685-0113	
					'JAN 1 5 2003	
(This space for State use)	Color.	al WL SRC)	GARA PAN		37 111 ± 17 ZUUJ	
,	GARY	Y WIN	7111 BY X		DATE	
APPPROVED BY	OC F	LET THE	ESENITATIVE 117-	h fight & State of St	DATE	
Conditions of approval, if any:		- mer 254 / 201	CATANATIVE II/S	TAFF MANACER		