Submit 3 Copies To Appropriate District Office	State of New Mexico				Form C-103
District I	Energy, Minerals	and Natu	ral Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.	
District II 1301 W Grand Ave Artesia NM 88210 OIL CONSERVATION DIVISION				30-025-26783	
District III 1301 W. Grand Ave., Artesia, NM 88210 1220 South St. Francis Dr.			5. Indicate Type		
1000 Pio Prozos Pd. Aztec NM 97410			STATE 2		
District IV Santa Fe, NIVI 8/303			6. State Oil &	Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
	ES AND REPORTS OF	N WELLS		7. Lease Name	or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					
DIFFERENT RESERVOIR. USE "APPLICA	TION FOR PERMIT" (FOR	M C-101) FO	OR SUCH	Quail State	Property No. 018866
PROPOSALS.) 1. Type of Well:					
	Other				
2. Name of Operator	8. Well No.				
1	5				
Permian Resources, Inc. OGRID No. 225797 3. Address of Operator P.O. Box 590 Midland, Texas 79701 4. Well Location Unit Letter L : 660 feet from the West line and 1 Section 11 Township 19S Range 34E 10. Elevation (Show whether DR, RKB, RT, GR, 6 3980' GR 3992' RKB 11. Check Appropriate Box to Indicate Nature of Notice				9. Pool name or	Wildcat
				Quail; Queen	
Unit LetterL : _660	feet from the	West	line and198	60 feet from th	ne <u>South</u> line
Section 11	Township 19S	Rat	ige 34E	NMPM	County
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11. Check Ar	propriate Box to Ir	ndicate N	ature of Notice.	Report or Othe	r Data
			4	SEQUENT RE	
		, n			ALTERING CASING
	, 2007, 1107, 107, 117001	`			, LETERATE OF CONTROL
TEMPORARILY ABANDON X	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE		CASING TEST A	ND 🗆	ABANDONMENT
	COMPLETION	ш	CEMENT JOB		
OTHER:			OTHER:		
12. Describe proposed or completed starting any proposed work). SEF recompilation.					
Permian Resources, Inc. wishes to 1:00PM NM time.	notify Hobbs OCD of	intent to p	perform TA test on	Monday, April 15	, 2002 approximately
				/	15167770
				\3 ¹⁴	10.00
				\2 ² .	(4)
				1/0	15 cm
				172737A	APR SONE S
I hereby certify that the information ab	nove is true and comple	te to the b	est of my knowledg	e and belief.	3
A	11/	to to the o	cot of my maio wieug	<u>∫</u> ©. 1	Hopps
SIGNATURE At line a MITML TITLE Regulatory Compliance				ice 💛	DATE_4 <u>-10-02</u>
>		_		Tolonhono	-915/685 ² 0113
Type or print name: Barbara Watson				reiephone No	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
(This space for State use)	O	RIGHNAL	Signier -		
(This space for State use) APPPROVED BY Conditions of approval, if any: ORIGINAL STONED BY GARY W. WINK OF FIRE D. REPRESENTATIVE OF FIRE D. REPRESENTA			MINK BY		DATES a a seno
Conditions of approval, if any:		" "IELD R	EPRESENIT		— ^{DA} Ā₱ R 2 3 2002
Conditions of approval, it ally.			MATIVE	VSTAFF MANIAM	t s
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