Submit 3 Copies To Appropriate District Office	State of New Mexico					Form	C-103
District 1	Energy, Minerals and Natural Resources			, _	Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 88240 District II				ľ	WELL API NO. 30-025-27096		
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			<u> </u>	5. Indicate Type		
District III	1220 South St. Francis Dr.				STATE X		1
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			F	6. State Oil & C		
1220 S. St. Francis Dr., Santa Fe, NM 87505							
SUNDRY NOTICES AND REPORTS ON WELLS					7. Lease Name or	r Unit Agreement	Name:
(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.)					Quail State Property No. 018866		
1. Type of Well: Oil Well X Gas Well Other							
2. Name of Operator					8. Well No.		
Permian Resources, Inc. OGRID No. 225797					7		
3. Address of Operator					9. Pool name or Wildcat		
P.O. Box 590 Midland, Texas 79701					Quail; Queen 50450		
4. Well Location							
Unit LetterM:_6	60 feet from the	_South	line and	660'	feet from the	e <u>West</u>	_line
Section 11	Township 19S	Rar			NMPM	County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3980' GR							
11. Check A	ppropriate Box to In	dicate N	ature of Not	ice. F	Report or Other	Data	
					EQUENT RE		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR						ALTERING CAS	ING 🗌
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE	ם חם וו	LING OPNS	PLUG AND	_
_		_		ABANDONMENT			Г
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TES		AND L		
OTHER:			OTHER: T	A Tes	t		
 Describe proposed or completed starting any proposed work). SE recompilation. 							
06-06-02 Loaded tbg. with fresh	water, pressured up to 5	500#, and	held for 30 min	nutes.	Test witness by B	Buddy Hill. Chart a	attached
Permian Resources, Inc. respectfully request TA status on the Quail State #7.							
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Endurment Expires -6/1/07				カブ	_	hij.	
	C.W. SHE CAPILES		Ct II	OCCUPA - N	*	4	
					191.1	* •	
I hereby certify that the information	above is true and comple	te to the b	est of my know	vledge	and belief.		
SIGNATURE PARACHAL M	toma !	TITLE_R	egulatory Com	npliano	<u>:e</u>	DATE_6 <u>-07</u> -	02
Type or print name: Barbara Watson	1	_			Telephone No.	915/685-0113	
(This space for State use)	-	 					
•		O	RIGINAL SIGI	NED I	BY		
APPPROVED BY		TITLE	ARY W. WIN C FIELD REPR	K	TATIVE II/STAFF	_DATE_	1 7000
Conditions of approval, if any:					TOTAL BIOLOGICAL	MANACHAN L	! CMM/