FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and A	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 10/09/2023 3. Issuer Name and Ticker or Trading Symbol NATURAL GAS SERVICES GROUP INC [NGS]							NGS]		
(Last) (First) (Middle) 1250 NE LOOP 410 #1000 (Street) SAN TX 78209				4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) Chief Operating		10% Owner Other (specify below)		If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
ANTONIO (City)	(State)	(Zip)								Reporting I	Person
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					0 D)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Se Underlying Derivative Se (Instr. 4)				ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
		Date Exercisable	Expiratior Date	Title		Amount or Number of Shares			or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

Brian L. Tucker

10/10/2023

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.