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 Appropriate District Office  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Permian Resources, Inc., d/b/a Permian Partners, Inc. Well API No. 30-041-20472

Address P. O. Box 590 Midland, Texas 79702

Reason(s) for Filing (Check proper box)  Other (Please explain)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Operator  Casinghead Gas  Condensate

If change of operator give name and address of previous operator Earl R. Bruno Company P. O. Box 590 Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

|   |  |   |  |                         |
|---|--|---|--|-------------------------|
| Lease Name<br><u>Chaveroo San Andres Unit</u> | Well No.<br><u>1-X</u>   | Pool Name, including Formation<br><u>Chaveroo San Andres</u>                            | Kind of Lease<br>State, Federal or <input checked="" type="radio"/> <u>Fee</u> | Lease No.<br><u>Fee</u> |
| Location <u>(Tract 3)</u>                     |  |   |  |                         |
| Unit Letter <u>P</u>                          | <u>660</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line | Section <u>34</u> Township <u>7 S</u> Range <u>32 E</u> , NMPM, <u>Roosevelt</u> County |  |                         |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Injection Well

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks.  | Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?          |

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

|                                    |                                   |                                   |                                   |                                   |                                 |                                    |                                     |                                     |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Designate Type of Completion - (X) | <input type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res'v | <input type="checkbox"/> Diff Res'v |
| Date Spudded                       | Date Compl. Ready to Prod.        | Total Depth                       |                                   | P.B.T.D.                          |                                 |                                    |                                     |                                     |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation       | Top Oil/Gas Pay                   |                                   | Tubing Depth                      |                                 |                                    |                                     |                                     |
| Perforations                       |                                   |                                   |                                   | Depth Casing Shoe                 |                                 |                                    |                                     |                                     |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

|                                |                 |   |            |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test       | Oil - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

**GAS WELL**

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Randy Bruno  
 Signature Randy Bruno President  
 Printed Name May 17, 1993 Title  
 Date 915/685-0113 Telephone No.

OIL CONSERVATION DIVISION  
**JUN 16 1993**  
 Date Approved \_\_\_\_\_  
 By ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.