

Submit 3 Copies  
 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

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

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

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

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

**I. Operator**

Operator: Permian Resources, Inc., d/b/a Permian Partners, Inc. Well API No. 30-041-10526 ✓

Address: P O Box 590, Midland, TX 79702

Reason(s) for Filing (Check proper box)

New Well  Other (Please explain)

Recompletion

Change in Operator  Change in Transporter of:

Oil  Dry Gas

Casinghead Gas  Condensate  Effective: 6-1-93

If change of operator give name and address of previous operator: Snyder Oil Corp.

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Jennifer Chaveroo / CSA UN SEC26</u>	Well No. <u>16</u>	Pool Name, Including Formation <u>Chaveroo San Andres</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee <input type="checkbox"/>	Lease No. <u>NM 0108997-B</u>
Location				
Unit Letter <u>P</u>	<u>660</u>	Feet From The <u>South</u>	Line and <u>660</u>	Feet From The <u>East</u>
Section <u>26</u>	Township <u>7S</u>	Range <u>33E</u>	NMPM, <u>Roosevelt</u> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
Scurlock/Permian Address (Give address to which approved copy of this form is to be sent)  
Box 1183 Houston, TX 77251-1183

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Trident NGL, Inc. Address (Give address to which approved copy of this form is to be sent)  
Box 300 Tulsa, OK 74102

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>								

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/MCF	Gravity of Condensate
Casing Method (pilot, 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.

*Robert Marshall*

Signature: Robert Marshall Vice President

Printed Name: June 10, 1993 Title: 915/685-0113

Date: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**OIL CONSERVATION DIVISION**

Date Approved JUN 21 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
**DISTRICT I SUPERVISOR**

Title \_\_\_\_\_

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

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