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Appropriate District Office
DISTRICT 1
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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION ANSPORT OIL AND NATURAL GAS

I.			NSPURIU				API No.				
Operator Permian Resour	ces, In	ic., d/	b/a Perm	ian Partr	iers, Inc	30	0-025	- 255	55 V		
Address P. O. Box 590			, Texas								
Reason(s) for Filing (Check proper box)	<u>-</u>	<u>irarang</u>	<u>. 16803</u>	Oil	er (Please expl	lain)					
New Well		Change in ]	Fransporter of:								
Recompletion Dry Gas											
Change in Operator	Casinghead	Gas 🗍	Condensate								
If above of payment price pages	R. Bru		pany	P. O. Box	590	Midla	nd, IX	79702			
II. DESCRIPTION OF WELL			•								
Lease Name Well No. Pool Name, Including Formation						Kind of Lease Lease No.		ease No.			
SFPRR		22			er San Andres			State, Federal or Fee			
Location Unit Letter	: 20	000	Feet From The	Souther	e and	93	Feet From The	East	Line		
Section 3 Township 9S Range 37E , NMPM, Lea County									County		
III. DESIGNATION OF TRAN	SPORTEI	R OF OH	L AND NAT	URAL GAS							
Name of Authorized Transporter of Oil Scurlock/Permian Cor	[ <del>X</del> ]	or Condens	ale	Address (Gi			d copy of this f		nt)		
Name of Authorized Transporter of Casing		X.	or Dry Gas	Address (Gi	ve address 10 w	hich approve	d copy of this f	orm is to be se	int)		
Trident NGL, Inc.	10200	10200 Grogan Mills Rd., Woodland, TX 77380									
If well produces oil or liquids,   Unit   Sec.   Twp.   Rge.					Is gas actually connected? When ?						
give location of tanks.	i G i	33	9SJ 37E					<del></del>			
If this production is commingled with that i	rom any other	r lease or po	ool, give commin	gling order num	ber:						
IV. COMPLETION DATA							1 54 70 1	la Buda	bice needs		
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fon	mation	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					<u></u>						
V. TEST DATA AND REQUES	T FOR A	LOWA	BLE								
OIL WELL Control by offer re	covery of total	al volume of	load oil and mu	si be equal to or	exceed sop allo	owable for th	is depth or be f	for full 24 how	·s.)		
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank  Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Press	ante		Casing Press	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.	Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oli - Bois.										
GAS WELL				- TRUE (**-3	FOLE/AANAC'E		Gravity of C	ondensate			
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Press	sure (Shut-ir	1)	Casing Press	Casing Pressure (Shut-in)			Choke Size			
				_							
VI. OPERATOR CERTIFICA	ATE OF	COMPL	IANCE	$\parallel$	DIL CON	ISERV	ATION I	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation					, A 1002						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
19 Have when complete to the or the					Date Approved						
Sandy Exhilly					ORIGINAL SIGNED BY TEAP 1887						
Signature Randy Bruno President					ByBTRICT   SUPPLIES P						
Printed Name May 17, 1993	<del></del>		Title	Title							
Pale 17, 1993			none No.								

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.