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Appropriate District Office
DISTRICT! 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

## 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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Ţ		SPORT OIL			Vall .	API No.			
Operator Permian Resour	ces, In	c., d/	b/a Permi	an Partn	ers, Inc.	· 30	0-04	1-100	)31 V	
Address P. O. Box 590	м	idland	Texas 79	202						
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator		Change in Tr		Ouh	es (Please expla	in)				
16.1	R. Bru	no Comp	any P.	O. Box	590	Midlar	nd, TX	79702		
U DESCRIPTION OF WELL AND LEASE								2734		
Location  Unit Letter : 1980 Feet From The South Line and 600 Feet From The East Line										
Section 32 Township 7S Range 33E , NMPM, Roosevelt County										
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil Scurlock/Permian Corp	P. O. Box 4648 Houston, TX 77210									
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)  10200 Grogan Mills Rd., Woodlands, TX 77380					
If well produces oil or liquids,	• - •		wp.   Rge. 7S   33E	Is gas actual!		When	06-	19-6	6	
give location of tanks.  If this production is commingled with that f	rom any othe	V								
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)			İ	Total Depth		Ĺ <u>.</u>	P.B.T.D.	1		
Date Spudded Date Compl. Ready to Prod.						1,5.1.0.				
Elevations (DF, RKB, RT, GR, etc.)	R, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casin	ig Shoe					
TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	h	exceed ion alla	wahle for thi	s depth or be	for full 24 hou	urs.)	
V. TEST DATA AND REQUEST FOR ALLOWADD  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.)										
Date that new on you to the				Casing Pressure			Choke Size	Choke Size		
Length of Test	Tubing Pressure						Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			OB- MCI			
GAS WELL				The Conden	COLOMNOF		Gravity of C	Condensate		
Actual Prod. Test - MCF/D	Length of To	est		Bbis. Condensate/MMCF			·			
Testing Method (pitot, back pr.)	Tubing Pres	sure (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.				OIL CONSERVATION DIVISION  IIIN 1 4 1993  Date Approved						
Devolut Paris				By DISTRICT I SUPERVISOR						
Signature Randy Bruno President				DISTRICT I SUPERVISOR						
Printed Name  May 17, 1993  Date  Title  915/685-0113  Telephone 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.