Submit 5 Copies Appropriate District Office DISTRICT 1 F.O. Box, 1980, Hoobs, NM 88240	Energ	Stati y, Minerals an	e of New Mexico Id Natural Resources Dep	artment		Form C-104 Revised 1-1-89 See Instruction	
DISTRICT II P.O. Drawer DD, Artesia, NM 8821	°	CONSEI	RVATION DIVIS .0. Box 2088	ION		at Bottom of Pa	
DISTRICT III 1000 Rio Bratos Rd., Artec, NM 87	410		w Mexico 87504-2088	3			
Ι.	REQUEST	FOR ALLC	WABLE AND AUTHO		N		
Openior Permian Posources					ell API No.		
Permian Resources			artners, Inc.		30-041-101	44	
Reason(s) for Filling (Check proper b New Well	dland, TX 797 ox)	02	Other (Please	explain			
Recompletion	Chang Oil	e in Transporter o	оf: Г П	• •	·		
Change in Operator X If change of operator give name	Casinghead Gas	Condennue	Effective:	6-1-	93		
and address of previous operator		Snyder	Bil Corp	· · · · · · · · · · · · · · · · · · ·			
IL DESCRIPTION OF WE			i				
Haley Chaveroo (SA IIN Sec 33 2 Chame, Incl			Including Formation Too San Andres	uding Formation Kind of Lease San Andres State, Fodera		ral or Fee	
Location B	. 660				<u></u>	E-9235	
	:000	Feet From Ti	ne North Line and	1980	Feet From The	East	
	nship 7S	Range 33	1		Roose	velt Count	
III. DESIGNATION OF TR Name of Authorized Transporter of C	ANSPORTER OF	OIL AND N	ATURAL GAS				
INJECTION WELL			Address (Give address 1	o which approv	red copy of this form	is to be serv)	
Name of Authorized Transporter of C	asinghead Gas	or Dry Gas [Address (Give address ;	o which approv	ed copy of this form	is to be sent)	
l' well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp	Rge. Is gas actually connected		ep 7		
this production is commingled with	hat from any other lease	or pool, give com					
CONTENT ON DATA							
Designate Type of Completi Date Spudded		1	ell New Well Workove	r Deepen	Plug Back Sar	me Res'v Diff Res	
•	Date Compl. Ready	to Prod.	l'ocal Deput		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	(DF, RKB, RT, GR, etc.) Name of Producing Formation				1		
	-		Top Oil/Gas Pay		Tubing Depth		
erforations			Top Oil/Gas Pay		Tubing Depth Depth Casing St		
erforations					Tubing Depth Depth Casing Sh	106	
HOLE SIZE	TUBING		ND CEMENTING RECO		Depth Casing Sh		
	TUBING), CASING A			Depth Casing Sh	KS CEMENT	
	TUBING), CASING A	ND CEMENTING RECO		Depth Casing Sh		
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. TEST DATA AND REQU IL WELL (Test must be after bate First New Oil Run To Tank ength of Test cuual Prod. During Test	TUBING CASING & EST FOR ALLOW recovery of total volum Date of Test Tubing Pressure	D, CASING A	ND CEMENTING RECO DEPTH S DEPTH S must be equal to or exceed top of Producing Method (Flow, Casing Pressure	ET allowable for th	Depth Casing Sh SAC SAC	KS CEMENT	
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wable 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.

RECEIVED

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