Submit 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources Department								Revis	C-104 d 1-1-89	
DISTRICT II P.O. Drawer DD, Arteria, NM 88210		OIL CONSERVATIO P.O. Box 208					VISION			structions tom of Page	
DISTRICT					1exico 875	04-2088					
1000 Rio Brazos Rd., Artec, NM 874	IO REC				BLE AND		7471011				
I. Operator		TOTE	RANSPOF		L AND NA	TURAL G	AS				
Permian Resources,		iers Inc			ля ло. 0-041-10173 UK						
P. 0. Box 590, Mid	and, TX	7970	2								
Reason(s) for Filing (Check proper bo	x)	Change	in Transporter		Out	er (Please expl	nin)				
Recompletion	Oil	6	Dry Gus		<b>4443</b>	TIVE: 6	1 00-7	,			
If change of operator give name	Casingh	ead Gas	Condensate								
and address of previous operator			-Snyd	er	Dil (	arp					
IL DESCRIPTION OF WEL			Deal No.	1	· · · · · · · · · · · · · · · · · · ·						
	Chaveroo San Andres							of Lesse Na Federal or Fee K-3935			
Location									K-3	935	
Unlt Letter M	:6	60	_ Feet From 7	The	West Lix	and660		eet From The _	South	Line	
Section 33 Town	ship 7S		Range	<u>33e</u>	N	IPM,		Roose	velt	County	
III. DESIGNATION OF TRA	NSPORT	ER OF (	DIL AND N	IATU	RAL GAS						
Name of Authorized Transporter of Oil Scurlock/Permian	<b>Z</b>	or Coad		]	Address (Giw	e address to wh	ich approved	t copy of this fo	rm is to be s	(N)	
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to the								TY 77251-1102			
I well produces oil or liquids,	1 11-10	Box 300 Tulsa. OK 7410							m is to be st	w)	
give location of tanks.	When ?										
If this production is commingled with th IV. COMPLETION DATA	at from any of	her lease of	r pool, give co	mning	ing order numb	сг	l				
Designate Type of Completic	n • 00	Oil We	II Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'y	Diff Res'y	
Date Spudded		ipl. Ready i	Lo Prod.		Total Depth	i		I İ			
Elevations (DF, RKB, RT, GR, etc.)								P.B.T.D.			
					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u></u>			Depth Casing	Shoe		
		TUBING	CASING		CENTENTIN	C BECODE					
HOLE SIZE	CA	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR										
OIL WELL (Test must be after	recovery of to	sal volume	ADLE of load oil and	d must i	be equal to an a	read ion alla					
Date First New Oil Run To Tank	Date of Te	a l		Ī	Producing Met	hod (Flow, put	φ. gas lift. e	ic.)	<u>ји 24 ко</u> ш	s.)	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Band Davies The						Casing Pressure			Choke Size		
ctual Prod. During Test Oil - Bbls.					Water - Bbls			Gas- MCF			
GAS WELL								l			
Actual Prod. Test - MCF/D	Leagth of Test				Bbls. Condensate MINICF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shui-in)										
		eenie (Stiu			Casing Pressure	(Shullin)		Choke Size			
VL OPERATOR CERTIFIC	CATE OF	COMF	LIANCE	j				<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives show					OIL CONSERVATION DIVISION					N	
is the and complete to the best of my knowledge and belief.					Date Approved JUN 2 2 1993						
/w llan	he					.44.0460		4			
Signature Robert Marshall	Vice President				By					x70N	
Printed Name	Tide				TitleORIGINAL						
<u>June 10, 1993</u> Dais	915/6	85-011 Tele	3 phone No.	-						······	
			•	han a Marster	A 417						

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. 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.

## Received

JUN 1 4 1993

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