| Submit 5 Cooles Appropriats District Office <u>DISTRICT 1</u> P.O. Box, 1980, Hobbs, NM 88240 | | | | uls and N | l New Mexico Natural Resources Department | | | Form C+104 Revised 1+1+89 See Instructions |
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| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Viena, NM 88210 P.O. | | | | ATION DIVISION Box 2088 | | | at Bottom of Page |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87 | 410 | | | | Mexico 87504-2088 | | | |
| I. Operator | | 1011 | ANSP | ORT C | ABLE AND AUTHORIZA | ; | | |
| Permian Resources | | _ | | n Part | ners, Inc. | | API No. 0-041-1017 | 4 |
| P. O. BOX 590, Mic Ressoc(s) for Filing (Check proper bo | dland, T | X 7970 |)2 | | | | | |
| New Well Recompletion Change in Operator | Oil | Change [244 Gas | la Transp Dry G Conder | u 🗆 | Effective: 6-1 | | | |
| If change of operator give name and address of previous operator | | | 5 | nvd | Pro Gil Coop | | | |
| IL DESCRIPTION OF WEL | L AND L | | | | | | | |
| Haley Chaveroo OSA U | N Sec 33 | Well No 4 | Pool N Ch | ame, lociu navero(| ding Formation D San Andres | Kind Sule, | of Lease Federal or Fee | Lesse No. K-3935 |
| Unit Letter D | :6 | 60 | _ Fed Fr | om The <u>N</u> | orth Live and 660 | | | at |
| Section 33 Town | uship 7: | S | Range | 33E | , NMPM, | F6 | et From The We | Ldl |
| III. DESIGNATION OF TRA | ANSPORT | FROFO | | | | | Roosev | velt County |
| | | or Conde | DIL AN | | Address (Give address to which . | aporawed | come of this form | |
| INJECTION WELL Name of Authorized Transporter of Ca | singhead Gas | | or Dry | | | | | |
| I well produces oil or liquids, | Unit | | | | Address (Give address to which a | opproved | copy of this form i | is to be sens) |
| ve location of tanks. this production is commingled with the V. COMPLETION DATA | | Sec. | Twp | | Is gas actually connected? | When | ? | |
| Designate Type of Completion | | Oil Wel | i | as Well | New Well Workover D | espen | Plug Back Sam | e Res'v Diff Res'v |
| | | | | | | | | |
| LEVALOUS (DP, RKB, RT, GR, etc.) | Name of 1 | Producing F | ormation | <u> </u> | Top Oil/Cas Pay | | | |
| | Name of 1 | Producing F | ormation | | Top Oil/Gas Pay | | Tubing Depth | |
| | | | | C AND | | | | × |
| | | | CASIN | G AND | CEMENTING RECORD | | Tubing Depth Depth Casing Sho | |
| erforations | | TUBING, | CASIN | G AND ZE | CEMENTING RECORD | | Tubing Depth Depth Casing Sho | × S CEMENT |
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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance 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.

JUN 1 4 1990