Submit 5 Copies
Appropriate District Office
DISTRICT I
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

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

							Wc	II API No.			/ /		
Operator Permian Resour	ces, In	c. , d	/b/a	a Permia	an Partn	ers, Inc	. 3	0-04	1-10	)442	, /		
Address													
P. O. Box 590	M	idlanc	<u>1. I</u>	exas 7	9702	(D)	(-:-)						
Reason(s) for Filing (Check proper box)  Change in Transporter of:													
New Well		Change in		1:1									
Recompletion	Oil		Dry C										
Change in Operator X Casinghead Gas Condensate Condensate If change of operator give name Family Region Company P. O. Box 590 Midland, TX 79702													
If change of operator give name and address of previous operator Earl	R. Bru	no Con	ıpan	<u>у Р</u>	<u>0. Box</u>	_590	Midl	and, I	X / C	1702			
II. DESCRIPTION OF WELL A	II. DESCRIPTION OF WELL AND LEASE  Well No.   Pool Name, Including Formation   Kind of Lease   Lease No.												
Lease Name State 32-7-33 Unit	Well No.							Federal or Fee K-2734					
Location	, ,	·			+ n	10	8D		(	$\tilde{a}$	t,		
. Unit Letter 1 : (0 00 Feet From The Country Line and 1 Programs 1													
Section 32 Township	75		Range	33E	, N	мрм, к	ooseve				County		
THE DESIGNATION OF TRANS	SPORTEI	R OF OI	L A	ND NATU	RAL GAS				<del></del>	<del></del>			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										ni)			
Scurlock/Permian Corp	P. U.	P. 0. Box 4648 Houston, TX 77210											
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent) 10200 Grogan Mills Rd., Woodlands, TX 77380							
Trident NGL, Inc.			-	Pas				hen 7					
If well produces oil or liquids, give location of tanks.	Unit   1 B	s∞.   32	Twp.	Rge.   33E	Ye		i	0	<u> 5-1</u>	4-66	)		
If this production is commingled with that f	rom any othe	r lease or j			ling order nurr	iber:							
IV. COMPLETION DATA	·								n. d. le	- Pac'y	Diff Res'v		
	(Y)	Oil Well		Gas Well	New Well	Workover	Deeper	ı   Plug 	B3CK 12:	ame Res'v	piii kesv		
Designate Type of Completion -	Data Compl	I. Ready to Prod.			Total Depth	1		P.B.T	.D.				
Date Spudded Date Compi. Ready to Flod													
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth			
Perforations								Depth	Casing S	Shoe			
					CELTERIT	NG PECO	<u> </u>						
TUBING, CASING AND					DEPTH SET				SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE												
									<del></del>		····		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOWA	ABLE	<u>.</u> 	the equal to o	exceed top al	lowable for	this depth	or be for	full 24 how	rs.)		
OIL WELL (Test must be after re			oj 1000	ou and mus	Producing M	lethod (Flow, p	ump, gas lij	(1, elc.)					
Date First New Oil Run To Tank	Date of Test								Choke Size				
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
D to Test	Oil - Bbls.				Water - Bbla	Water - Bbls.				Gas- MCF			
Actual Prod. During Test	On - Bois.												
GAS WELL					TRUE A-TA	nsate/MMCF		Gravi	y of Cor	densate			
Actual Prod. Test - MCF/D	Length of Test				Bols. Conde								
Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
Testing Wieuton (paids, excerp. y					<u> </u>								
VI. OPERATOR CERTIFIC.	ATE OF	COMP	LIA	NCE		OIL COI	NSER	VATIO	ON D	IVISIC	N		
I hamby certify that the rules and regulations of the Oil Conservation .					JUN 1 4 1993								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	a Approve	ا <b>ل</b> be	JN 14	1993	<u> </u>			
						ORIGINAL SIGNED BY JERRY SEXTON							
- School Mar					By_	ByBistrict i supervisor							
Signature Randy Bruno	P	reside	ent Tide		T:11 -					energy .			
Printed Name May 17, 1993	9	15/685	5-01	13	I ITIE						***************************************		
Date		Tele	phone	No.	11			124			الله ومله الراقية موجر وترويم ري إولام		

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.