

District I
PO Box 1960, Hobbs, NM 88241-1960
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-11
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Permian Resources, Inc., dba Permian Partners, Inc. P. O. Box 590 Midland, TX 79702		OGRID Number 025797 Reason for Filing Code CO - Effective August 1, 1994
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API Number 30-041-10458	Pool Name Chaveroo San Andres	Pool Code 12049
Property Code 731 610785	Property Name Morgan "B" Artesia	Well Number 6

I. Surface Location

UL or lot no. B	Section 26	Township 7S	Range 33E	Lot Idn	Feet from the 660	North/South line N	Feet from the 1980	East/West line E	County Roosevelt
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II. Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Lea Code F	Producing Method Code P	Gas Connection Date N/A	C-129 Permit Number N/A	C-129 Effective Date N/A	C-129 Expiration Date N/A
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
020445	Scurlock Permian Corp. P. O. Box 4648 Houston, TX 77210-4648	2452310	0	
024650	Warren Petroleum Corp. P. O. Box 1589 Tulsa, OK 74102	2452330	G	

IV. Produced Water

POD 2452420	POD ULSTR Location and Description
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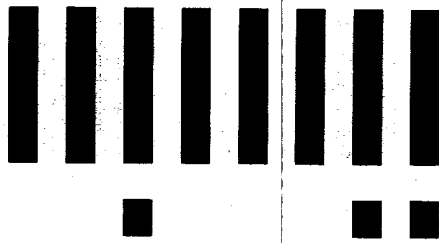
V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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. Signature: <u>Tim Lowry</u>		OIL CONSERVATION DIVISION Approved by: <u>ORIGINAL SIGNED BY DISTRICT SUPERVISOR</u> Title: <u>DISTRICT SUPERVISOR</u> Approval Date: <u>SEP 28 1994</u>	
Printed name: <u>Tim Lowry</u>			
Title: <u>President - TKL Oil Properties, Inc.</u>			
Date: <u>Aug. 1, 1994</u>		Phone: <u>405/925-2553</u>	
If this is a change of operator fill in the OGRID number and name of the previous operator			
023195 TKL Oil Properties, Inc.		Tim Lowry, President 08-01-94	
Previous Operator Signature		Printed Name Title Date	



LTR



Job separation sheet

U. S. DEPARTMENT OF THE INTERIOR
P. O. BOX 1000
HOBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

3160-5
(1990)

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

TKL OIL PROPERTIES, INC.

3. Address and Telephone No.

RT. # 2 Box 99

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NW NE of SEC 26-7S-33E NMPM
Unit B 660/N + 1980/E

5. Lease Designation and Serial No.

NM-0558287

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MORGAN "B" FED. #6

9. API Well No.

30041104580051

10. Field and Pool, or Exploratory Area

CHAUVERON SAN ANDRES

11. County or Parish, State

ROOSEVELT Co, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing

☒ Other WELL STATUS

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

OK Gas well, effective 4/92

14. I hereby certify that the foregoing is true and correct

Signed NORMA DeLONAY

Title MANAGER

Date 9-2-92

(This space for Federal or State office use)

Approved by
Conditions of approval, if any:

Title

PETER W. CROST

Date

OCT 14 1992

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side