Sub-theory						
Submit 5 Cooles Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbe, NM 88240	Energ	State o 39, Minerals and 3	of New Mexico Natural Resources Departmen	ıt	Form C-104 Revised 1-1-89	
DISTRICT II P.O. Drawer DD, Aneda, NM 88210	ОП	CONSER	VATION DIVISION Box 2088	ł	See Instructions at Bottom of Page	
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 8741	0	Santa Fe, New	Mexico 87504-2088			
I. Operator	REQUES	FOR ALLOW	ABLE AND AUTHORIZ	ATION		
Permian Resources				Well API No.		
			ar chers, Inc.	30-041-10	468 🖌	
P. O. Box 590, Mi Reason(s) for Filing (Check proper box) New Well	<u>urana, 17 /</u> )	9702	Other (Please explain)			
Recompletion	Chanj Oil	the In Transporter of:				
Change in Operator	Casinghead Gas		Effective: 6-1-93	3		
If change of operator give name and address of previous operator	Inder a		·			
IL DESCRIPTION OF WELL						
Leus Nume Jennifer Chaveroo ¢SA	312-11-1	No. Pool Name, Inc.	luding Formation	Kind of Lesse	1	
Location	on sec sp 1	Chaveroc	San Andres	State, Federal or Fee	Lesse Na OG-029	
Uali LetterJ	:1980	Feet From The	South Lipe and 1980	- F	aet	
Section 35 Townsh	nip 7S	Range 33E		E Feet From The	Loe	
II. DESIGNATION OF TRAI		and the second division of the second divisio	INNIPM,	Roosev	elt County	
II. DESIGNATION OF TRAI Name of Authorized Transporter of Oil	XX or Con	OIL AND NAT	URAL GAS			
Scurlock/Permian Name of Authorized Transporter of Casic			Address (Give address to which Box 1183 Houston	approved copy of this form	is to be sens)	
Trident NGL, Inc	oghead Gas XXX	or Dry Gas	To which	approved copy of this form	3 is to be serv)	
I well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp.   Rg	E Is gas actually connected?	OK 74102 When 7		
this production is commingled with that	from any other leave					
V. COMPLETION DATA		or poor, give continue	igling order number:			
Designate Type of Completion		ell Gas Well	New Well Workover	Deepen   Plug Back   San	e Res'y Diff Res'y	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth			
levations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation		P.B.T.D.		
riorations			Top Oil/Cas Pay	Tubing Depth	Tubing Depth	
				Depth Casing Shi	×	
	TUBINO	, CASING AND	CEMENTING RECORD	Depth Casing Sho	×	
HOLE SIZE		, CASING AND	CEMENTING RECORD			
		, CASING AND TUBING SIZE	D CEMENTING RECORD DEPTH SET		× S CEMENT	
	TUBING &	D, CASINO AND	D CEMENTING RECORD DEPTH SET			
HOLE SIZE TEST DATA AND REQUES	T FOR ALLOW	ABLE	DEPTH SET	SACK	SCEMENT	
HOLE SIZE TEST DATA AND REQUES	T FOR ALLOW	ABLE	DEPTH SET	SACK	SCEMENT	
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HOLE SIZE TEST DATA AND REQUES IL WELL (Test must be after re ale First New Oll Rug To Tank	T FOR ALLOW	ABLE	DEPTH SET	sACK for this depth or be for ful as lift, etc.)	SCEMENT	
HOLE SIZE TEST DATA AND REQUES IL WELL (Test must be after re the First New Oll Rus To Tank ngth of Test	T FOR ALLOW covery of total volum Date of Test Tubing Pressure	ABLE	DEPTH SET	sACK e for this depth or be for ful as lift, etc.) Choke Size	SCEMENT	
HOLE SIZE TEST DATA AND REQUES IL WELL (Test must be after re- ile First New Oil Run To Tank agth of Test tual Prod. During Test	T FOR ALLOW covery of local volum Date of Test	ABLE	DEPTH SET	sACK for this depth or be for ful as lift, etc.)	SCEMENT	
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HOLE SIZE TEST DATA AND REQUES IL WELL (Test must be after re- ate First New Oil Rua To Tank regith of Test tual Prod. During Test AS WELL tual Prod. Test - MCF/D ting Method (picot, back pr.)	CASING & TFOR ALLOW Ecovery of Iotal volum Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shu	ABLE of load oil and mus	DEPTH SET	SACK a for this depth or be for ful as lift, etc.) Choke Size Gas- MCF	24 hours.)	
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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 filled for each pool in multiply completed wells.

## REGENET

## JUN 1 4 1993

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