+ *					
Submit 5 Cooles Appropriats District Office <u>DISTRICT 1</u> P.O. Box, 1980, Hobbs, NM 88240		Liergy, N	State o Ainerals and 1	f New Mexico Natural Resources Department	Form C-104 Revised 1-1-89
DISTRICT II P.O. Drawer DD, Anesia, NM 8821		OLC	ONSER	VATION DIVISION Box 2088	See Instructions at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Ariec, NM 81	7410		nta Fe, New	Mexico 87504-2088	
I. Operator	REQ	10 THA	NSPORT	ABLE AND AUTHORIZAT	
Permian Resource	es, Inc.,	d/b/a P	ermian Pa	rtners Inc	Well API No.
P. O. Box 590, 1	Midland, T				30-041-10524
Reason(s) for Filling (Check proper b New Well	box)			Other (Please explain)	
Recompletion	Oil		Transporter of:	יייי. ר	
Change in Operator with If change of operator give name		d Cu	Dry Gas	Effective: 6 1-9	3
and address of previous operator	Any		il Con	p .	
IL DESCRIPTION OF WE	LL AND LE	the state of the s	·		
Jennifer Chaveroo ØS	A UN SEC 2	Well Na 1 5 15		uding Formation	Kind of Lesse Na
Location			Chaveroo	San Andres	State Federal or Fee NM 0108997-B
Unit Letter O	:66	i01	Feet From The	South Line and 1980	Foot From The East
	vnship 7S		Cange 33E	, NNIPM,	Roosevelt County
II. DESIGNATION OF TR Name of Authorized Transporter of C	ANSPORTE	R OF OIL or Condense	AND NAT	URAL GAS	
Scurlock/Permian				Box 1182 . There a	oproved copy of this form is to be sens)
Name of Authorized Transporter of C Trident NGL, Inc.	Luinghead Gas	० प्रियर	r Dry Gas	Box 1183 Houston, Address (Give address to which ap	TX 77251-1183 proved copy of this form is to be sent)
If well produces oil or liquids	Unit	Sec. 17	WP Rg	<u></u>	K74102
ive location of tanks.		1	· i ·	" is get somely connected?	When ?
this production is commingled with I V. COMPLETION DATA	that from any othe	r lease or po	ol, give commin	gling order number;	
Designate Type of Completi	ion . M	Oil Well	Cas Well	New Well Workover Do	epen Plug Back Same Res'y Dirt Ber'y
Dale Spudded			<u> </u>		epen Plug Back Same Res'v Diff Res'v
			rod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation	Top Oil/Cas Pay	Tubles D. M
enorations	riorations				Tubing Depth
	·····				Depth Casing Shoe
HOLE SIZE		JBING, C	ASING AND	CEMENTING RECORD	
	UASI	NG & TUBI	NGSIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQU	EST FOR AT	LOWAR	10]	
IL WELL (Test must be afte	er recovery of Iola	l volume of l	ood oil and mus	the equal to or exceed top allowable j	
ale First New Oil Run To Tank	Date of Test			to or exceed top allowable)	or this depth or be for full 24 hours 1
	Den of rea			Producing Method (Flow, pump, gas	14, etc.)
	Tubing Press	Jre	<u> </u>	Producing Method (Flow, pump, gas Casing Pressure	t lýfi, elc.)
ength of Tex	Tubing Press	JR		Casing Pressure	Choke Size
ength of Tex ctual Prod. During Test		ภเ		rounding viction (riow, pump, gas	t lýfi, elc.)
ength of Test ctual Prod. During Test GAS WELL	Tubing Press Oil - Bbls.			Casing Pressure	Choke Size
ength of Test ctual Prod. During Test GAS WELL	Tubing Press			Casing Pressure	Choke Size Gzi- MCF
ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D	Oil - Bbls.	st		Casing Pressure Water - Bbls. Bbls. Coodenate MMCF	Choke Size Gas- MCF Gravity of Condentate
ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test - MCF/D sting Method (pitot, back pr.)	Tubing Press Oil • Bbls. Length of Tes Tubing Press	it Ire (Shui-ia)		Casing Pressure	Choke Size Gzi- MCF
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ength of Test ctual Prod. During Test GAS WELL ctual Prod. Test • MCF/D sting Method (pitot, back pr.) L OPERATOR CERTIFIC 1 hereby certify that the rules and reg Division have been compiled with as	Tubing Press Oil - Bbls. Length of Tes Tubing Press CATE OF C rulations of the Oil	it ire (Shut-in) COMPLI Contervation	ANCE	Casing Pressure Water - Bbls. Bbls. Condensate AlAICF Casing Pressure (Shul-in)	Choke Size Gas- MCF Gravity of Condentate
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wable 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.