

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

Operator Permian Resources, Inc., d/b/a Permian Partners, Inc.		Well API No. 30-041-10524 ✓
Address P. O. Box 590, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective: 6-1-93		
If change of operator give name and address of previous operator Snyder Oil Corp.		

II. DESCRIPTION OF WELL AND LEASE			
Lease Name Jennifer Chaveroo	Well No. 26 15	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 26 Township 7S Range 33E, NMMPM, Roosevelt County	Lease No. NM 0108997-B		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil Scurlock/Permian		Address (Give address to which approved copy of this form is to be sent) Box 1183 Houston, TX 77251-1183	
Name of Authorized Transporter of Casinghead Gas Trident NGL, Inc.		Address (Give address to which approved copy of this form is to be sent) Box 300 Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.
			Rge.
If this production is commingled with that from any other lease or pool, give commingling order number:		Is gas actually connected? When?	

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'v
			Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations 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 Robert Marshall	Vice President
Printed Name June 10, 1993	915/685-0113 Title
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved JUN 21 1993	
By ORIGINAL SIGNED BY JERRY SEXTON	
DISTRICT I SUPERVISOR	
Title	

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.