

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. 30-041-10553 ✓
Address P. O. Box 590, Midland, TX 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Change in Transporter of: 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.		

Lease Name Jennifer Chaveroo / CSA UN SEC 25				Well No. 13	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Lease No. K-1276
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line Section 25 Township 7S Range 33E, NMPM, Roosevelt County							

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Trident NGI, 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.	Twp.	Rge.	Is gas actually connected?	When?	
If this production is commingled with that from any other lease or pool, give commingling order number.							

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			

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/MSCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I 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	Title 915/685-0113
Date	Telephone No.

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

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.