Submit 5 Copies						
Appropriate District Office DISTRICT 1 P.O. Box, 1980, Hobbs, NM 88240		inergy, Minerals and M		New Mexico Vatural Resources Departme	mt	Form C-104 Revised 1-1-89
DISTRICT II	USTRICT II OIL CONSER'				N	See Instructions at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Ariec, NM 87	410		anta Fe, New	Box 2088 Mexico 87504-2088		
I. Operator	REC	UEST F	OR ALLOW	ABLE AND AUTHORIZ	ATION S	
Permian Resources	s, Inc.,				Well API No.	· · · · · · · · · · · · · · · · · · ·
P. 0. Box 590, M	idland. T				30-041-1	0591 🗸
Resson(s) for Filing (Check proper b. New Well	ox)			Uther (Please explai	a)	
Recompletion	Oil	Change L	a Transporter of: Dry Gas	1		
Quange in Operator		ad Gu		Effective: 6-/-	93	
If change of operator give name and address of previous operator	Snyde	r sil	Carn.			
IL DESCRIPTION OF WE	LL AND LE	EASE				
L'ESSO MADO		Well No.	Pool Name, Inclu	ding Formation	Vindell	
Jennifer: Chaveroo ØSA Locuion	UN SEC 2	\$ 15		San Andres	Kind of Lesse State, Federal or Fee	Lesse Na. K-1276
Unit Letter 0	•	660	<b>T</b> · <b>T</b> - <b>S</b>	outh Looo		<u> </u>
Contra DE -			Feet From The S	outh Line and 1980	Feet From The	WestUse
	nship 7S		Range 33E	, NMPM,	Roose	velt County
III. DESIGNATION OF TR Name of Authorized Transporter of O	ANSPORTE	ER OF O	IL AND NAT	URAL GAS		
Scurlock/Permian		or Conden		Address (Give address to which	h approved copy of this form	n is to be sens)
Name of Authorized Transporter of Ca	uloghead Gas	XXX	or Dry Gas	Box 1183 Houston Address (Give address 10 which	ח ידע ללא ידע הארייית אייניייים אויינייים אויינייים אוייניים אוייניים אוייניים אוייניים אוייניים אוייניים אויינ	<b>~~</b>
Trident NGL, Inc. I well produces oil or liquids,	Unit	Sec.		-1.60x.300 Tulsa	_OK 74102	n is to be send)
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		Oil Well	Gas Well	New Well Workover		
Designate Type of Completion - (X)			i	i i workover	Deepen   Plug Back   Sa	me Res'v Diff Res'v
Date Compl. Ready to Prod.			*			
		р. Кенду 10	Prod.	Tous Depth	P.B.T.D.	
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ily drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111. All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.