+- `				_				
Submit 5 Cooles Appropriate District Office DISTRICT I P.O. Box, 1980, Hobbe, NM 88240					New Mexico Ianural Resources Department	at		Form C-104 Revised 1-1-89 See Instructions
DISTRICT II P.O. Drawer DD, Arteria, NM 88210	P.O. 1				ATION DIVISION Box 2088	X		at Bottom of Page
DISTRICT III 1000 Rio Britos Rd., Ariec, NM 87410	)				Mexico 87504-2088			
I. Operator	REC	QUEST TO TR	FOR A	ULOW,	ABLE AND AUTHORIZ	S		
Address	Inc.,	d/b/a	Permi	<u>an Par</u>	tners, Inc.	1	APINo. 30-041-105	96 🗸
Reason (s) for Filling (Check proper box)	land,	<u>IX 797</u>	02					
New Well			in Transp	otter of:	Uther (Please explain	1)		
Change in Operator	Oil Carlant		Dry G	<b>4</b> [	Effective: 6-/-9	8.2		
If change of operator give name and address of previous operator	1	xead Cas [						
IL DESCRIPTION OF WELL		der_	all	Carp				
Lette Mare		Well No	Pool N	lame. Inclu	ding Formation			
Jennifer Chaveroo ¢SA 1 Location	JN SEC	19 15			San Andres	Kind State,	of Lease Federal or Fee	Lesse No.
Uali Letter 0	6	560						0G-1193
		00	Fed Fi	rom The _	South Line and 231	0 F	et From The	lastloe
Section 19 Townsh	1p 75		Range	<u>34e</u>	, NMPM,		Roosev	
III. DESIGNATION OF TRAN	SPORT	ER OF (	DIL AN	D NATI	URAL GAS			Citt County
Name of Authorized Transporter of Oil	XX .	or Conde	ala		Address (Give address to which	approved	copy of this form	is to be sent)
Name of Authorized Transporter of Casin	ghead Gas	XXX	or Dry	Cu	Box 1183 Houston	<b>.</b> .	77261 110	<b>^</b>
Trident NGL. Inc. If well produces oil or liquids,	Unit	Sec.	1		Address (Give address to which Box 300 Tul 88	_OK7	copy of this form 4102	is to be sent)
pive location of tanks.	i	1	Twp	1	L Is gas actually connected?	When		
f this production is commingled with that V. COMPLETION DATA	from any of	ther lease of	r pool, giv	e commin	gling order number:			
Designate Type of Completion	- (X)	Oil Wel	n l c	as Well	New Well Workover	Deepen	Piug Back Sam	ne Res'y Diff Res'y
Date Spudded	Date Compl. Ready to Prod.				Tous Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay		F.B.1.D.	
erforations							Tubing Depth	
							Depth Casing Sho	~
		TUBING,	CASIN	IG AND	CEMENTING RECORD			
HOLE SIZE	SIZE CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT	
			· · · · · · · · · · · · · · · · · · ·					
. TEST DATA AND REQUES	TFOR	ALLOW	ABLE					
ale First New Oll Run To Tank	Date of Te	otal volume	of load oi	l and musi	be equal to or exceed top allowab	le for this	depth or be for ful	124 hows.)
		····			Producing Micthod (Flow, pump.	gas lift, el	c.)	
ength of Test	Tubing Pressure				Casing Pressure		Choke Size	
ciual Prod. During Test	Oil - Bbls.				Water - Bbls		Gu- MCF	
JAS WELL Chul Prod. Test - MCF/D	Length of	Test						
	-				Bbls. Condensate MINICF		Gravity of Condensate	
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shu-in)		Choke Size	
L OPERATOR CERTIFICA	TE OF	COMP	LIANO	 7	ir			
I hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION			
A A A					Date Approved JUN 2.1 1993			
Signature Robert Marshall Vice President								
Printed Name					ByORIGINAL SIGNED BY JERRY SEXTON			
June 10, 1993	915	5/685-0			Title			
			phone No.					
INSTRUCTIONS, THE								and the second

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. 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. 44

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