Submit 5 Copies
Appropriate District Office
DISTRICT 1 P.O. Box, 1980, Hobbs, NM 88240

State of New Mexico energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-19 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Arieda, NM 88210

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 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. WELLAPING 30-041-10630 0. Box 590, Midland, TX 79702 Ressoc(s) for Filing (Check proper box) New Well Other (Please explain) Change in Transporter of: Recompletion Dry Cas Oil Change in Operator Effective: 6 1-43 Caringhead Gas Condensate [If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Jennifer Chaveroo & SA UN SEC 20 5 Pool Name, Including Formation Kind of Lauce State (Federal) or Fee Lesse Na Chaveroo San Andres Location NM 0142393 Unit Letter _ 1980 Feet From The North Line and 660 Foot From The West Section 20 _Une Township 7S Range 34E NMPM. Roosevelt III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS County Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) XX Scurlock/Permian Name of Amborized Transporter of Casinghead Gas Box 1183 Houston, TX 77251-1183 XXX or Dry Gas Address (Give address to which approved copy of this form is to be sen) Trident NGL Inc If well produces oil or liquids, give location of tanks. Box 300 Tulsa. Unit OK 74102 Sec Twp Rge. Is gas actually connected? When ? I this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion - (X) Oil Well Cas Well New Well | Workover Deepen | Plug Back | Same Res'v DIT RELY 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 - en oralioos Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE IL 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.) the First New Oil Run To Tank Producing Method (Flow, pump. gas lift, etc.) ength of Test Tubing Pressure Casing Pressure Choke Size uctual Prod. During Test Oil - Bbls. Water - Bbls Gu- MCF JAS WELL venuel Prod. Test - MCF/D Length of Test Bbls. Cooden we his iCF Gravity of Cooden tate sting Method (pitot, 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 OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. JUN 21 1993 Date Approved ... Signatur Robert Marshall ORIGINAL SIGNED BY JERRY SEXTON Vice President DISTRICT I SUPERVISOR Printed Name June 10, 1993 915/685-0143

the said a second and the second INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.

RECEIVED

JUN 1 4 1993

OCC HOSES