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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brico Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I. Operator	HEC	TOTE	FOR A RANSP	CORT O	IL AND NA	AUTHOR	IZATION AS	1		
Permian Resources, Inc., d/h/a Permian Bantagas I								APINO.		
								30-041-10635		
P. O. BOX 590, Mi Resson(s) for Filling (Check proper box)	dland,	TX 79	702							
New Well		Change	in Transp	~~		her (Please expl	'ain)			
Recompletion	Oil		Dry G		77.5.5					
Change in Operator (Change of operator give name	Caringhe	ad Gu	Conde		Effect	ive: 6/	43			
and address of bissions obeistor	In	der	oil.	con	<u> </u>					
IL DESCRIPTION OF WELL	AND LE	ACE		,	<u>د</u>					
reers terms		Wall Ma	Pool N	ame Inche	ling Formation					
Jennifer Chaveroo CSA	UN SEC30 11				1 * 1 * 1			of Lesse No. Federal or Fee OC-4807		
				YETUU	San Andr	es		JI TOO I OF FEE	OG-	4897
Unit Letter	_ :23	314	_ Fed Fr	on The _S	outh L	330) ,	: r m	Vest	
Scotion 30 Township 7S Range 34E										
III. DESIGNATION OF TRANSPORTER OF OU	VSPADTE	D OF O	77 4 5 5					Roosev	elt	County
	XX.	or Conde	IL AN	DNATU	RAL GAS					
Scurlock/Permian		Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casinghead Gas XXX or Dry Gas Address (Give address to which approved copy of this for Small Casinghead Casin									3	
Well produces oil or liquids, Unit Soc. Two				·				(copy of this form is to be sent)		
give location of tanks.	i i		Twp		te fat scoren	y connected?	When			
I this production is commingled with that (V. COMPLETION DATA	from any oth	er lease or	pool, give	comming	ing order numb			······································		
V. COMPLETION DATA					viou built	~··				
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back San	ne Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.				Youl Depth					
Elevations (DF, RKB, RT, GR, etc.)	Non-AP -				·			P.B.T.D.		
	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Settorations										
					Depth Casing Sh	⊃¢				
HOLE SIZE	TUBING, CASING AND				CEMENTING RECORD					
	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
				 -						
										
TEST DATA AND REQUES	TFORAL	1004	DIE	I						
IL WELL (Test must be after re	covery of low	il volume o	DLE Llord vil	and must l						
tate First New Oil Run To Tank	1	Producing Method (Flow, pump, gas lift, etc.)								
ength of Test	-						p. gas iyi, zi	c.,		
	Tubing Pressure				Casing Pressure			Choke Size		
ul Prod. During Test Oil - Bbls.					Water - Bbls			A		
	,			THE POIL			Gu- MCF			
SAS WELL										
ctual Prod. Tea - MCF/D	Leogth of Te	41			Bbls. Condensa	LAINICF		Gravity of Cooder		
sting Method (pitot, back pr.)	Tubing Pressure (Shui-in)							Clavity of Codocatale		
o a series (provi) occur pr	reords stere	nue (20mi-r	n)	ľ	ating Pressure	(Shu-in)		Choke Size		
L OPERATOR CERTIFICA	TE OF	CONTO	TANIC							
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have because and regulations of the Oil Conservation					OIL CONSERVATION DIVISION					
DIVINOU MAYO OCCUP EXCEPTIONED WITH AND THAT HAS INFORMATION OF										
is true and complete to the best of my knowledge and belief.					Date Approved JUN 2 1 1993					
Ille /le	M	//			/	-PP10460	***************************************	#		
SignRobert Marshall Vice President					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name 10, 1993 915/685-01 1316					Title					
Data Telephone No.										
				.,						

en and an article and order to be an a substitute of the an 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
- 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.

RECEIVED

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TO HOUSE