<u>+</u> . • •										
Submi: 5 Copies Appropriate District Office DISTRICT 1 P.O. Box, 1980, Hobbs, NM 88240			Minera	ls and Na		rces Departm		Form C-104 Revised 1-1-89 See Instructions		
DISTRICT II P.O. Drawer DD, Aneria, NM 88210 DISTRICT III				P.O. E	TION DIVISION px 2088 exico 87504-2088				al Botic	m of Page
1000 Rio Brazos Rd., Aziec, NM 87410 I.	REC	UESTI	FOR A	LLOWA	BLE AND	AUTHORI	ZATION			
Operator Permian Resources, Inc., d/b/a Permian Par Address							Well	자키 No. 30-041-10646 🗸		
P. O. Box 590, Mi Reason(s) for Filing (Check proper box)	dland,	TX 7	9702							
New Well		Change	la Transpo	orter of:	O	her (Please expl	ainj			
Recompletion	Oil			. 🗆	Effect	ive: 6-1-	9 -			
If change of operator give name		ead Gu	Conder							
and address of previous operator	0	der 1	oil_	Carp						
IL DESCRIPTION OF WELL		Well No	Pool N	ame Includ	ing Formation					
Jennifer Chaveroo CSA UN SEC 29 4 Chaveroo San Andre							Kind	of Lease)Federal or Fee	Le K-13	1 se No. 70
Unit Letter D	- :	330	_ Fed Fr	rom The	North Lr	x and467	F	eet From The		Line
Section 29 Townshi	<u>p. 75</u>		Range	<u>34e</u>	, N	MPM,		Roose	velt	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORT	ER OF C	DIL AN	D NATU	RAL GAS	w address is				
Scurlock/Permian					Box 118	3 Houst	on, TX	сору of this form 77251-11	83	
Name of Authonized Transporter of Casin Trident NGL, Inc.	ghead Gas	XXX	or Dry	G48 🛄	Address (Gin	re address to wh	ich approved	copy of this form	m is to be set	v)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	wp Rge Is gas actually connected? When ?						
If this production is commingled with that IV. COMPLETION DATA	from any of	ther lease of	r pool, giv	e comming	ling order num	ber.				
Designate Type of Completion	. (2)	Oil We	u c	Cas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'y	Diff Res'v
Date Spudded		npl. Ready t	o Prod.		Total Depth			P.B.T.D.		1
Elevations (DF, RKB, RT, GR, etc.)	(B, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth		
Perforations								Depth Casing Shoe		
		TIPDIC	04.00	10						
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTI	NG RECORI DEPTH SET	2			
					 			SACKS CEMENT		
. TEST DATA AND REQUES	TEOP		ADIO		İ					
DIL WELL (Test must be after re	Covery of 1	NLLUW Iotal volume	ABLE of load o	il and musi	be equal to or	exceed ion allo	watte for it ?	denter	6.11 34	······
Date First New Oil Run To Tank	Date of Te	EI			Producing Mo	thod (Flow, pur	np, gas lýt, e	ic.)	juli 24 hours	.)]
Length of Tes	Tubing Pressure				Casing Press	ກ		Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gu- MCF		
GAS WELL					!			I.,		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	HEAMOF		Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Pressure (Shui-in)				Casing Pressure (Shut-in)			Choke Size		
1. OPERATOR CERTIFIC. I hereby certify that the fulse and regula Division have been complied with and t is true and complete to the best of myc	tions of the	Oil Conser						T29N99	VISIO	N
/ MAT M	N	ul				Approved	/ <u></u>			
Signature Robert Marshall Vice President					By					
Printed Name June 10, 1993 Data		915/685 Tel	5-0113		Title					
			•		1) 	· Salatato 40 * **		•		

- 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.
- 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.

RECEIVED

JUN 1 4 1993

ord Hours Office