Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Arteda, NM 88210

## State of New Mexico \_nergy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TOTRA	<b>VSP</b>	ORT O	L AND NA	TURALG	SAS	•				
Permian Resource	tners, Inc.			1APIN₀. 30-041-20005 ✓								
P 0 Rox 590 M	idland [							30-041-	20005			
Reason(s) for Filling (Check proper be	ox)				Oil	her (Please exp	(ain)		<del></del>			
Recompletion		Change in T			<u> </u>	mu p news Exp	-aury					
Change in Operator	Oil	_	Dry Ga		Effect	ive: 6-/	1-93					
If change of operator give name and address of previous operator	ð .	en eil	Cooden							<b></b>		
IL DESCRIPTION OF WEI			<u></u>	rp_					·			
Terre trime		Wall No. In	wal Ni	- India		· · · · · · · · · · · · · · · · · · ·						
Jennifer Chaveroo CSA UN SEC 25 16 Chaveroo								of Lesse Foderal or Fe		2671		
Unli Letter P	:	990 F	eet Fra	om The	South Uo		990			2071		
Section 25 Town	naship 7S				LID	e 100	r	eet From The	East	Line		
				33E		МРМ,	<del></del>	Roos	sevelt	County		
III. DESIGNATION OF TR	ANSPORTE	or Condensa	ANI	NATU	RAL GAS							
Scurlock/Permian	مما .	A COURTINE	٦ (		Address (Giv	e address to wi	hich approve	d copy of this ,	form is to be si	ent)		
Name of Authorized Transporter of Ca	).ii	Box 1183 Houston, TX 77251-1183  Address (Give address to which approved copy of this form is to be sent)										
Trident NGI Inc		XXX or	_,,		101	A DOWN STREET TO MI	hich approved	d copy of this s	form is so be se	w)		
If well produces oil or liquids, ive location of tanks.	Unit	Unit Sec. Twp. Rgs				e. Is gas actually connected? When			4102			
				ľ			.   Muset	1 7				
of this production is comminged with the V. COMPLETION DATA	hat from any col	her lease or poo	d, give	comming	ing order numb	жг	l					
Designate Type of Completic	20 . (%)	Oil Well	G	s Well	New Well	Workover	Dœpen	Dive De l	10	<del>-</del> ,		
Date Spudded		pl. Ready to Pri	<u> </u>		į i		Dapa	I Link Brok	Same Res'v	Din Rei'v		
	Date Com	pi. Kesay to Pri	od.		Total Depth		*···	P.B.T.D.	I	_l		
levations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay						
crocations								Tubing Depth				
								Depth Casio	g Shoe			
	7	UBING CA	SIN	GAND	CELCELITAL	IC DECCE						
HOLE SIZE CASING & TUB				NG AND CEMENTING RECORD			<u> </u>	T				
		The state of the s				DEPTH SET			ACKS CEME	NT		
						<del></del>		<del> </del>				
					<del></del>	<del></del>		<del> </del>				
TECT DATA AND DECLE	2000 000					<del></del>		<del> </del>	<del></del>			
TEST DATA AND REQUI	EST FOR A	LLOWABI	LE					I	<del></del>			
IL WELL (Test must be after the First New Oil Run To Tank	Date of Tes	ial volume of lo	ad oil	and must	be equal to or e	exceed top allow	wable for this	depik or be fo	or full 24 hour.	r.)		
	Date of 162	1		- [	Producing Met	hod (Flow, pur	rp, gas lýt, e	ic.)				
ength of Text	Tubing Pres	Tubing Pressure				<del></del>						
	755					Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Winer - Bolk			C			
				·	- Doig			Gu- MCF				
AS WELL			·	<del>!</del>	<del></del>	<del></del>						
chial Prod. Test - MCF/D	Length of T	esi		<del></del> -	Bbis. Condensa	0.4 (C)CC						
				-	Join Coccessing Williams			Gravity of Co	odeniule			
sting Method (pitot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
				ł		. – •		عبيد عبيد				
L OPERATOR CERTIFIC	CATE OF	COMPLIA	ANC	E								
Division have been complied with an	ulations of the (	Dil Conservation			0	IL CONS	SERVA	TION D	IVISIO	1		
is true and complete to the best of my knowledge and belief.					Date Approved							
MIT					Date	-spprovea		#				
Signan Robert Marshall Vice President					By ORIGINAL SIGNED BY JERRY SEXTON							
Printed Name June 10, 1993 915/685-0113					DISTRICT I SUPERVISOR Title							
Data	310/	Telephoo			, me			<del></del>				
				1	STATE OF STATE OF STATE OF							
INSTRUCTIONS: This for	m le to be fi	led in name	11				· ·	•	*			

## 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. 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.