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 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

**OIL CONSERVATION DIVISION**

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

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Permian Resources, Inc., d/b/a Permian Partners, Inc. Well API No. 30-041-20490

Address P. O. Box 590 Midland, Texas 79702

Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  Change in Transporter of: Oil  Dry Gas  Casinghead Gas  Condensate  Other (Please explain) \_\_\_\_\_

If change of operator give name and address of previous operator Earl R. Bruno Company P. O. Box 590 Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Chaveroo San Andres Unit (Tract 2)</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Chaveroo San Andres</u>	Kind of Lease State, Federal or Fee	Lease No. <u>NM-18846</u>
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line	Section <u>34</u> Township <u>7 South</u> Range <u>32 East</u> , NMPM, <u>Roosevelt</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Phillips Petroleum Co. Trucks</u>	Address (Give address to which approved copy of this form is to be sent) <u>1400 Plaza Office Bldg., Bartlesville, OK 74004</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Trident NGL, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>10200 Grogan Mills Rd., Woodland, TX 77380</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
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			
Perforations					Depth Casing Shoe			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Randy Bruno  
 Signature Randy Bruno President  
 Printed Name May 17, 1993 Title 915/685-0113  
 Date   Telephone No.  

**OIL CONSERVATION DIVISION**

Date Approved JUN 16 1993

**ORIGINAL SIGNED BY JERRY SEXTON**  
 By DISTRICT I SUPERVISOR

Title \_\_\_\_\_

- 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.
  - 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.