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ISTRICT I
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

ISTRICT II O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

ISTRICT III XXX Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		TO THA	NSPC	JK I OII	L AND NA	I UHAL G	AS			
PERIOR TO THANSPORT OIL AND NATURAL GAS  Well API No.										
PERMIAN RESOURCES, I	s, inc.	<del> </del>		3004120680						
	ND, TEXA	AS 7970.	2							
eason(s) for Filing (Check proper box)					Oth	er (Please exp	lain)			
ew Well	0.1	Change in :			ਧ	FFECTIVE	. 3/·/a	Δ		
ecompletion	Oil Casinghea	_	Dry Gas Condens		<u> </u>	LILOTIVE	<u>.</u> . 3// 9	<b>T</b>		
change of operator give name		_ <del> </del>	~1001	_ <u>~                                    </u>						·····
d address of previous operator										,
. DESCRIPTION OF WELL case Name	Dool Me	ing Formation		V:_ 4	of Lease	<del></del>	eans Ma			
SIEBER	Well No. Pool Name, Includin  1 CHAVEROO							of Lease No. Federal or Fee 01348		
ocation		<del></del>							<u> </u>	
Unit Letter F	:	1980	Feet Fro	m The	NORTH Lin	e and	2173 F	et From The	WEST	Line
Section 17 Townsh	ip 7S	<u> </u>	Range	34E	, N	МРМ,	ROOSEVE	LT		County
I. DESIGNATION OF TRAN	SPORTE	R OF OIL	LAND	NATU	RAL GAS					
ame of Authorized Transporter of Oil	רקי	or Condens			Address (Giv	e address to w				ent)
PRIDE PIPELINE COMPAN ame of Authorized Transporter of Casin	P.O. BOX 2436 ABILENE, TEXAS 79604  Address (Give address to which approved copy of this form is to be sent)									
and or Authorized Transporter of Cash	Audition (Sive dataress to which approved copy of this form is to be sent)									
well produces oil or liquids, e location of tanks.	Unit     F	Sec.   7	Г <b>w</b> р. 7S	<b>Rge.</b> 34E	Is gas actually	y connected?	When	?		
his production is commingled with that	from any other	er lease or po	ool, give	comming	ing order numl	ber:				
COMPLETION DATA		Y			Υ	· · · · · · · · · · · · · · · · · · ·			γ	· · · · · · · · · · · · · · · · · · ·
Designate Type of Completion	- (X)	Oil Well	Ga 	s Well	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v
us Spudded					Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
forations					L			Depth Casin	g Shoe	
									<del>-</del> · · · · · · · · · · · · · · · · · · ·	
TUBING, CASING AND					CEMENTE					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
TECT DATA AND DECLIES	TEOD A	TTOTELL	01 12							
TEST DATA AND REQUES  L WELL (Test must be after re				and must	be equal to or	exceed top alla	owable for this	depth or be f	or full 24 hour	·s.)
te First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)									
ngth of Test	Tubing Pressure			Casing Pressure			Choke Size			
tual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
AS WELL										<del></del>
tual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Mohad (sites hash as) Thising Desame (Churt in)				Color Bassacra (Chut in)			Choke Size			
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Cuoke Size		
OPERATOR CERTIFIC	ATE OF	COMPL	IANC	Œ			10551	71011		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CON	ISEHVA	HIOÑ	آراً ۱۸۱۶ آر	N
Division have been complied with and t is true and complete to the best of my k	that the information that the information in the in	nation given I belief.	above		H			f L D	v 5 133	14
// 1//		11			Date	Approve	a			
MIT 1410	Lu	ny			By	ORIGII	NAL SIGNE	D:BY JERD	Y SEXTON	
Signature Robert H. Mars	hall	Vice-	Pres	ident	By		DISTRICT	SUPERVIS	OR	
Printed Name		T	ïtle		Title_					
2/4/94		915/68	5-01	13 l	II					

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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.



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