

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
  
DISTRICT III  
100 Rio Brazos Rd., Aztec, NM 87410

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator	PERMIAN RESOURCES, INC. DBA PERMIAN PARTNERS, INC.	Well API No.	30-041-20720
Address	P.O. BOX 590 MIDLAND, TEXAS 79702		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	
Completion	<input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	EFFECTIVE: 3/1/94
Change in Operator	<input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
Change of operator give name and address of previous operator			

DESCRIPTION OF WELL AND LEASE

Lease Name	METZGER	Well No.	4	Pool Name, Including Formation	CHAVEROO SAN ANDRES	Kind of Lease	State, Federal or Fee	Lease No.	03129
Location	Unit Letter H : 1980 Feet From The NORTH Line and 853 Feet From The EAST Line Section 17 Township 7S Range 34E, NMPM, ROOSEVELT County								

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	PRIDE PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent)	P.O. BOX 2436 ABILENE, TEXAS 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	WARREN PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent)	P.O. BOX 1589 TULSA, OK. 74102					
Well produces oil or liquids, or location of tanks.	Unit H	Sec. 17	Twp. 7S	Rge. 34E	Is gas actually connected?	When?	YES	5/4/84

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Measurements (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Measurements					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)

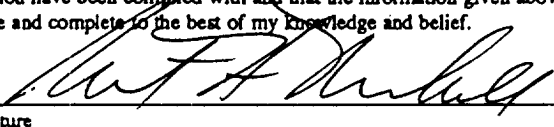
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

III. 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.

Signature   
Robert H. Marshall Vice-President  
Printed Name Title  
2/4/94 915/685-0113  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 09 1994  
By ORIGINAL SIGNED BY JERRY SEXTON  
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.

RECEIVED

FEB 1 1972

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OFFICE