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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

OUTCT FOR ALLOWARI E AND AUTHORIZATION

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAE	BLE AND AUTHORIZATION	
I.	TO TRANSPORT OIL	AND NATURAL GAS	I API No.
Operator Permian Resour	ces, Inc., d/b/a Permia	n Partners, Inc.	30-005-10493
Address P. O. Box 590	_	9702	
Reason(s) for Filing (Check proper box)	MIGIAID, TEXAS 7	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas Condensate		
Change in Operator X	Causing	0 D 500 Midl	and, TX 79702
and some or bigger	R. Bruno Company P	<u>0 Box 590 Midl</u>	ditt, 14 _7_702
II. DESCRIPTION OF WELL	AND LEASE  Well No. Pool Name, Includ.	ing Formation A Kir	d of Lease No.
Lesse Hame	1 1 10 h 0 1 1 1 x c		le, Federal or Fee B-8638
Location	. 1980 Feet From The N	outh Line and 660	Feet From The East Line
Unit Letter	05 32	E, NMPM, Char	County
Section / Townshi	p 00 Kange 0		
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS  Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Oil	$\Delta(0) \sim 10^{-1}$	170Kor 4648 9401	iston U 1/2/0-404
Name of Authorized Transporter of Casin	um Say	Address (Give address to which appro	ved copy of this form is to be sent)
Trident NGL.	MC	10000	nen? TX 77
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.	. Is gas actually connected W	2-9-67
give location of tanks.	from any other lease or pool, give comming	gling order number:	
IV. COMPLETION DATA			n Plug Back Same Res'v Diff Res'v
	Oil Well Gas Well	New Well Workover Deepe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Depth Casing Shoe
Perforations			Depth Cashing Shoe
	TUBING, CASING AND	CEMENTING RECORD	DI DIVO OSMINIT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
110000000			
V. TEST DATA AND REQUE	ST FOR ALLOWABLE	the sound to or exceed top allowable for	this depth or be for full 24 hours.)
OIL WELL (Test must be after	recovery of total volume of toda on and will	Producing Method (Flow, pump, gas I	ifi, etc.)
Date First New Oil Run To Tank	Date of Test		Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
I Dad Dada Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
Actual Prod. During Test			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	CATE OF COMPLIANCE	011 0011055	VATION DIVISION
VI. OPERATOR CERTIFIC	ulations of the Oil Conservation .	OIL CONSER	TVATION DIVIDION
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above		4.0.4000	
is true and complete to the best of my knowledge and belief.		Date Approved 111 1 6 1993	
the first the second		DISTRICT LOURS SEXTON	
Signature	H VVVV	By By	SUPERVISOR
Signature Randy Bruno	President Tide	Title	
Printed Name May 17, 1993	915/685-0113	1100	
Date	Telephone No.		the state of the s

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.