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

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

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

| 1000 Rio Brazos Rd., Aziec, NM 87410 | REQUEST FOR ALLOWAB | LE AND AUTHORIZATI | ON |
|---|---|---|--|
| I | TO TRANSPORT OIL | | Well API No. |
| Operator Permian Resource | ces, Inc. , d/b/a Permia | an Partners, Inc. | 30-005-20518 |
| Address | | 1702 | |
| P. O. Box 590 Reason(s) for Filing (Check proper box) | Midland, Texas 79 | Other (Please explain) | |
| New Well | Change in Transporter of: | | |
| Recompletion | Oil Dry Gas | | |
| Change in Operator X | Casinghead Gas Condensate | | · |
| | R. Bruno Company P. | <u>0. Box 590 Mi</u> | dland, TX 79702 |
| II. DESCRIPTION OF WELL A | AND LEASE | Tation A | Kind of Lease No. |
| Leason Name. | Well No. Pool Name, mendin | Y | State Federal or Fee B-8638 |
| Location | . 1980 Feet From The So | outh Line and 1980 | Feet From TheLine |
| Unit Letter | 00 . 33 | E NMPM, | County |
| Section () Township | | | |
| III. DESIGNATION OF TRAN | SPORTER OF OIL AND NATU | RAL GAS Address (Give address to which as | oproved copy of this form is to be sent) |
| Name of Authorized Transporter of Oil Of Or Condensate Transporter of Oil | | | La L |
| Saulack Kermian | | Address (Give address to which a | proved copy of this form is to be sent) // 200 |
| Name of Authorized Transporter of Casing | | 10200 Gragan M | illo Rd. Woodlands, UK |
| Tridest NGL, UM | Unit Sec. Twp. Rge. | 1 U 10 | When? |
| If well produces oil or liquids, give location of tanks. | 1411 185132E | 10-1H | |
| If this production is commingled with that f | from any other lease or pool, give commingl | ing order number: | |
| IV. COMPLETION DATA | | | eepen Plug Back Same Res'v Diff Res'v |
| | 1011 | | |
| Designate Type of Completion | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Date Spudded | , , , , , , , , , , , , , , , , , , , | | mui D di |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Perforations | | | Depth Casing Shoe |
| | GARING AND | CEMENTING RECORD | |
| | TUBING, CASING AND | CEMENTING RECORD DEPTH SET | SACKS CEMENT |
| HOLE SIZE | CASING & TUBING SIZE | | |
| | | | |
| | | | |
| | | | |
| V. TEST DATA AND REQUES | ST FOR ALLOWABLE recovery of total volume of load oil and mus | the equal to or exceed ton allowable | e for this depth or be for full 24 hours.) |
| OIL WELL (Test must be after r | recovery of total volume of total of and | Producing Method (Flow, pump,) | eas lift, etc.) |
| Date First New Oil Run To Tank | Date of Test | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | Oil Phila | Water - Bbls. | Gas- MCF |
| Actual Prod. During Test | Oil - Bbls. | | |
| GAS WELL | | A A A A A A A A A A A A A A A A A A A | Gravity of Condensate |
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | |
| 70000 | | Casing Pressure (Shut-in) | Choke Size |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing | |
| VI. OPERATOR CERTIFIC | TATE OF COMPLIANCE | OIL CONSI | FRVATION_DIVISION |
| and real | ilations of the Oil Conservation . | | ERVATION DIVISION |
| | | 11 | |
| is true and complete to the best of my | knowledge and belief. | Date Approved | |
| Children Comment | | By ORIGINAL SIGNED BY JERRY SEXTON | |
| | | | |
| Printed Name May 17, 1993 915/685-0113 Title | | | |
| | Telephone No. | | Marity Consistence (Mr. 1) |

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