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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. 20536  
30-005-20551  
Address P. O. Box 590 Midland, Texas 79702  
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐  
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<br><u>State 5-8-33</u>   | Well No.<br><u>7</u> | Pool Name, Including Formation<br><u>Chaveroo San Andres</u> | Kind of Lease<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee | Lease No.<br><u>NM-5144</u> |
| Location<br>Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line<br>Section <u>5</u> Township <u>8S</u> Range <u>33E</u> , NMPM, <u>Chaves</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"/><br><u>Scurlock/Permian Corp.</u>    | Address (Give address to which approved copy of this form is to be sent)<br><u>P. O. Box 4648 Houston, TX 77210</u>            |                  |                   |                    |  |                          |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Trident NGL, Inc.</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>10200 Grogan Mills Rd., Woodlands, TX 74102</u> |                  |                   |                    |  |                          |
| If well produces oil or liquids, give location of tanks.   | Unit<br><u>G</u>   | Sec.<br><u>5</u> | Twp.<br><u>8S</u> | Rge.<br><u>33E</u> | Is gas actually connected?<br><u>Yes</u> | When?<br><u>06-30-76</u> |

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.

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

OIL CONSERVATION DIVISION

Date Approved JUN 14 1993

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title  

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such change.
- Separate Form C-104 must be filed for each pool in multiply completed wells.