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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRAN	SPORT OIL	AND NA	TURAL GA	AS	PI No.			
Operator d/b/a Permian					n Partners, Inc.			5-205	40/	
Permian Resour	ces, In	c					)-COC	5- 200	( )	
Address			~ ~	700						
P. O. Box 590 Midland, Texas 79702 Other (Please explain)										
Reason(s) for riging (Check proper 602)										
D-Cos										
Recompletion										
If change of operator give name = 1 P P Company = P O Poy 500 Midland TX 79702										
and address of previous operator Earl R. Bruno Company P. O. Box 590 Midland, IX 79702										
II. DESCRIPTION OF WELL AND LEASE    West No.   Deat Name Including Formation   Kind of Lease   Lease No.										
Lease Name Well No. Pool Name, Includin					Cintal			rederal or Fee NM-5144		
State 5-8-33 Chaveroo San Andres										
Location Unit Letter : 1980 Feet From The Last Line										
Section 5 Township 8S Range 33E , NMPM, Chaves County										
TO ection Well										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nor of Authorized Transporter of Oil of Condensate Authorized Clive address to which approved copy of this form is to be sent)										
Name of Authorized Frankporter of the P. Ø. Box 4648 Houston, TX 77210										
Scurlock/Permian Corp.  Name of Authorized Transporter of Casinghead Gas  or Dry Gas					ve address 10 w	hich approved	copy of this f	py of this form is to be sent)		
Trident NGL Inc.					<u>Grogan M</u>		, Woodlands, TX 74102			
If well produces oil or liquids,	Unit	•	wp. Rge.		ly connected?	When	7		$\bigvee$	
give location of tanks.	$G \setminus I$		8S \ 33E	Yes						
If this production is commingled with that f	rom any othe	r lease or po	ol, give commingli	ing order nur	ber:					
IV. COMPLETION DATA		lon W. II	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	(X)	Oil Well	1 Gas Well	1104 110 		1	i _	İ	<u></u>	
	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Date Spudded Date Compt. Ready to Flod.										
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	ation	Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
							Depth Casin	g Shoe		
Perforations										
TUBING, CASING AND					ING RECOR	D				
HOLE SIZE		ING & TUB		DEPTH SET				SACKS CEMENT		
NOCE SIZE										
							<del> </del>			
	T FOR A	LOWAT	U.E.	L			<u>. l</u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	I FUR A	ol volume of	load oil and must	be equal to o	r exceed top all	owable for thi	s depth or be	for full 24 how	5.)	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	3, 1012.2 9		Producing M	lethod (Flow, pr	ump, gas lift, e	ic.)			
Date First New Oil Run 10 Tank							Chake Size			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Length of 100							Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.						
				L			<del></del>			
GAS WELL	<del></del>						Tombu of	ondensale	<del></del>	
Actual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Sina-in)						
				ļ			1			
VI. OPERATOR CERTIFICA	ATE OF	COMPL	IANCE		OIL CON	<b>ISERV</b>	ATION	DIVISIC	N	
the relative and for 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.					e Approve	hd !	IIIN 14	1993		
is true and complete to ine-pest of my kindwice the said opind.					- Whhinne	4	<del></del>	1000		
Tay and Suu					A=161	MAL CICNE	D BA IEDD	Y SEXTON		
<del></del>				RA	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Signature Randy Bruno President				Title		PISIKICI	,,			
Printed Name May 17, 1993 915/685-0113					9		<del></del>			
May 17, 1993	9	10/000-	one No.						ritgio dia rate di Chiarre	

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
- 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.