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Appropriate District Office
DISTRICT 1
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.	TOT	RANS	PORT OIL	AND NATURAL	<u>.</u> GA	<u>S</u>	DLNo				
Operator	d/b/a Darmian Partners, Inc. 30-005-20565										
Permian Resour	ces, Inc.	, u/D		in run cherey			000	2000			
Address P. O. Box 590	Midl	and.	Texas 79	9702			<u></u>				
Reason(s) for Filing (Check proper box)				Other (Please	expla	in)					
New Well	-		sporter of:								
Recompletion	Oil	∐ Dry	densate								
Change in Operator	Casinghead Gas					(A) 17	TV	79702			
If change of operator give name and address of previous operator Earl	R. Bruno (	Compa	ny P.	0. Box 590	04	<u>A</u> Midlar	ın, ıx	/9/11/			
II. DESCRIPTION OF WELL	AND LEASE		l Name, Includi	as Formation	0'	Kind	of Lease	Le	ase No.		
State 5-8-33	Well	, ,		an Andres		State.	Federal or Federal	NM-51	144		
Location Unit Letter	: 1060	Feel	From The	outh Line and _	19	- <u>{</u> } Fe	et From The	(ile	Line		
Section 5 Township	, 85	Ran	ge 33E	, NMPM,			Chave	25	County		
	anongen OF		ND NATI	RAL GAS			_				
Mame of Authorized Transporter of Oil	SPORTER OF	densale	r NAIO	I VOM ces (Cive and as	10 wh	ich approved	copy of this f		ns)		
Scurlock/Permian Corp				P. O. Box 46	48	<u>Houston</u>	, X //	210			
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)  10200 Grogan Mills Rd., Woodlands, TX 74102					74102					
Trident NGL. Inc.	Trident NGL. Inc.								7		
If well produces oil or liquids, give location of tanks.	Unit   Sec.	Tw <sub>1</sub>   8:		Yes		i	<u>/2-</u>	<u> 19 - 74</u>	2		
If this production is commingled with that f	mm any other least										
IV. COMPLETION DATA	toni aay oator tees					,	· ·	la Budu	Diff Res'v		
	Oil V	Vell	Gas Well	New Well Worko	ver	Deepen	Plug Back	Same Res'v	Dill Res v		
Designate Type of Completion - (X)  Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
Date Spudded				Top Oil/Gas Pay			Tuhing Dep	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations							Depth Casir	ig Shoe			
		·	CINIC AND	CEMENTING RE	COR	D					
	TUBING, CASING AND				DEPTH SET				SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE										
							-				
			77	<u> </u>							
V. TEST DATA AND REQUES	T FOR ALLO	WABL	ad oil and must	be equal to or exceed to	op allo	wable for th	is depth or be	for full 24 how	rs.)		
OIL WELL (Test must be after re	Date of Test	une of to	aa ou anu mas.	Producing Method (Flo	ош, ри	mp, gas lift,	eic.)				
Date First New Oil Run To Tank	Date of 1em						TG 1 6:				
Length of Test	Tubing Pressure			Casing Pressure		Choke Size	Choke Size				
				Water - Bbls.			Gas- MCF	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.										
GAS WELL	<u>.L</u>				<u>~₽</u>		Gravity of G	Condensate			
Actual Prod. Test - MCF/D	Bbls. Condensate/MMCF			Glavily of Communication							
Tubing Pressure (Shui-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
Testing Method (pitol, back pr.)	7.5011.6										
VI. OPERATOR CERTIFIC	ATE OF CO	MPLI.	ANCE		1O:	ISERV	ATION	DIVISIO	N		
	OIL CONSERVATION DIVISION JUN 1 4 1993										
District Land Book Complied With 200	Date Approved										
is true and complete to the best of my l	The same of the	Ž.		Date Appl	UVB	<u> </u>					
MODUR	ll By	By ORIGINAL SIGNED BY JERRY SEXTON									
	DISTRICT I SUPERVISOR										
Kandy Bruno 7	Title										
Printed Name May 17, 1993	915/	Til <u>685-C</u>	113								
		Telepho	ge No.	11							

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.
- 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.