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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

**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.	30-005-20570 ✓
Address	P. O. Box 590 Midland, Texas 79702		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State 6	12	Chaveroo San Andres	State, Federal or Fee	K-2779
Location	Unit Letter <u>I</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line			
Section	Township	Range	County	
6	8S	33E	Chaves	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
Scurlock/Permian Corp.	<input checked="" type="checkbox"/>	P. O. Box 4648 Houston, TX 77210
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Trident NGL, Inc.	<input checked="" type="checkbox"/>	10200 Grogan Mills Rd., Woodlands, TX 77380
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	F	6
	Twp.	Rge.
	8S	33E
Is gas actually connected?	When?	
Yes	01-10-77	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	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.)

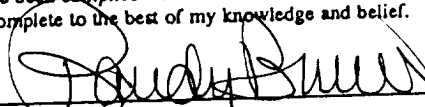
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**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 May 17, 1993 Telephone No. 915/685-0113

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
- 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.