Submit 5 Copies
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

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Permian Resou			1/h/a	Permi	an Partn	ers. I	nc.	Well	API No.	105-1	20672	
Address Permian Resou	rces,	lnc.'	<u></u>						507	105-0	(00/2	
P. O. Box 590		Midlar	id. Te	exas 7	9702							
Reason(s) for Filing (Check proper box)						her (Please	expla	iл)				
New Well Recompletion	Oil	Change i	n Iransp Dry G									
Change in Operator	Casinghe	ad Gas	Conde									
If change of operator give name	R. Br				'. O. Box	590		Midla	nd. TX	79702	· ·-·	
II. DESCRIPTION OF WELL			**********									
Lease Name Well No. Pool Name, Include									of Lease No.			
Chaveroo San Andres Unit Chavero Location (Tract6)						dres		State	Frederal of Fee			
Unit Letter	<u>. 16</u>	50	_ Feet Fi	rom The _	Joth	se and	9	<u>90</u> f	eet From The	Eas	Ot Line	
Section 3 Townshi	. 8	S	Range	32	E ,	тмрм,	0	na	ues.)	County	
	·		·	D 111 my	ID 1 7 G 1 G			-				
M. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conde		DNATU				ction l		orm is to be se	nı)	
				<u> </u>								
Name of Authorized Transporter of Casin	phead Cas	\mathbb{Q}	or Dry	Gas	Address (Gi	ve address i	10 whi 	ch approved	teopy of this f	orm is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge			. Is gas actually connected? When				7				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e comming	ling order nurr	ber:						
		Oil Well	1	Gas Well	New Well	Workove	er	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		ol. Ready to	Prod.		Total Depth	1		.	P.B.T.D.	<u> </u>	1	
					To- OliCo-	D						
Elevations (DF, RKB, RT, GR, etc.)	valions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations										Depth Casing Shoe		
		UBING.	CASIN	NG AND	CEMENTI	NG REC	ORD		1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				S	SACKS CEMENT		
						-						
												
V. TEST DATA AND REQUES											,	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		of load o	il and must	Producing Me	thod (Flow	allow	oble for this	caepih or be fo	or Juli 24 hour.	s.)	
Date First New Oil Rull 10 18th	Date of less				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000	,,	., 9, .,	,			
Length of Test	Tubing Pressure				Casing Pressu	re			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF			
								-				
GAS WELL					Bbls. Conden	IN MACE			Gravity of Condensate			
Actual Prod. Test - MCF/D	Length of Test				Bois. Condensate/Wilvici				one my or consulation			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shui-in)				Choke Size			
VI. OPERATOR CERTIFICA	TE OF	COMPI	IIAN	CE								
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of pay knowledge and belief.					Date Approved Jun 1 6 1993							
is the said complete with the sea of the	1	\ \ \			Date	Approv	/ed					
Jacoby Fully										TON		
Signature Randy Bruno President					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUBJECTION							
Printed Name Title May 17, 1993 915/685-0113					Title							
Date			hone No						etida ya gali te eriye	a se é apollos a Vezas	Land two of all categories	

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.