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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

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

OIL CONSERVATION DIVISION 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.		OTRA	NSP	ORT OIL	_ AND NA	TURAL G.		A DI Ma			
Operator Permian Resour	ian Part	ners, In	C. Well	API NO. 30-005-20723							
P. O. Box 590					9702						
P. 0. Box 590 Midland, Jexas 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. Bru	no Cor	pany	P	O Box	590	Midlar	nd, TX	79702		
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Chaveroo San Andres Uni						State			of Lease No. Federal or Fee		
Unit Letter : 200 Feet From The South ine and 990 Feet From The East Line											
Section 3 Township 85 Range 32E, NMPM, COUNTY											
III. DESIGNATION OF TRAN				<u>D NATU</u>	RAL GAS	ve address to w	hich approved	Leany of this f	orm is so be se	พา	
Name of Authorized Transporter of Oil X or Condensate 1400 Plaza Office Bldg., Bartlesville, OK 740											
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Trident NGL, Inc.					Address (Give address to which approved copy of this form is to be sent)  10200 Grogan Mills Rd., Woodsland, TX 77380						
If well produces oil or liquids, give location of tanks.	ii	Sec.	Twp.	<u>i</u>		ly connected?	When	?			
If this production is commingled with that if IV. COMPLETION DATA	rom any othe	<u>,</u>	,			_,	1 5	l n. n. i.	lc n	pia p	
Designate Type of Completion	· (X)	Oil Well	1	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					NG RECOR	D	·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
					<u> </u>	<del> </del>					
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW A	BLE of load o	oil and must	be equal to or	exceed top allo	owable for this	depih or be f	or full 24 hour	5.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL											
ual Prod. Test - MCF/D Length of Test					Bbls. Conden			Gravity of Condensate			
Testing Method (pitot, 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					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved UN 16 1993						
Signature Bandy Bruno Brasidant					Byoriginal signed by Jerry Sexton  DISTRICT I SUPERVISOR						
Randy Bruno President Printed Name Title					Title						
May 17, 1993 915/685-0113 Telephone No.											

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.