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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, Antesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	Į.	O THAN	SPURI UL	L AND NA	TURAL GA	10				
Openior Permian Resour	ces, Ir	ıc. •	d/b/a Per	mian Par	tners, Ir	Well     10.	API No. 30 - 00	5-20	<i>153</i>	
Address P. O. Box 590		Midland	Texas 7	10702						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in Tr		Ou Ou	er (Please expla	in)				
If change of operator give name and address of previous operator		no Comp	any P	. O. Box	590	Midlar	nd, IX	79702		
II. DESCRIPTION OF WELL										
Chaveroo San Andres Unit  WellNo. Pool Name, locluding Chaveroo Chaveroo					State,			of Lease Federal of Fee		
Location (Iract 4) Unit Letter 2	: <u>9</u> (		ted From Th	_	$\bigcirc$	90 F	et From The	Eas		
Section Townshi			inge O		мрм,	<i>&gt;1</i> 0000			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condensate		Address (Giv	Inje	iction l	copy of this	form is to be so	(ni)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually counteded?   Who						n ?			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or poo	I, give comming	ling order num	ber:			,		
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workaver	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.)	ions (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Ca				ing Shoe	
	77	IDING C	ASING AND	CEMENTI	NG RECORI	)	<del>!</del>			
UOLE 817E	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
TIOCE OILE	HOLE SIZE SYSTEM OF THE SIZE									
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	t be equal to or	exceed top alloy	wable for this	depit or be	for full 24 how	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must be Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Press	sure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL		···					<u> </u>			
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate		
l'esting Method (pitot, back pr.)	Tubing Press	sure (Shut-in)		Casing Pressure (Shut-in)			Cholz Size			
VI. OPERATOR CERTIFIC.  I hereby certify that the rules and regula	tions of the O	il Conservatio	on .		DIL CON	SERVA	NOITA	DIVISIO	N	
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 JUN 1 6 1993						
Singly Sull				BORIGINAL SIGNED BY JERRY SEXTON						
Signature Randy Bruno President Prioted Name Title				DISTRICT I SUPERVISOR Title						
May 17, 1993	9.	15/685-0 Telepho								

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.