Submit 5 Cooies Appropriate District Office DISTRICT 1 P.O. Box, 1980, Hobbs, NM 88240		Energy	Mineral	State of Is and N	New Mexic atural Resor	o irces Depar	unent		-104 1-1-89	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				P.O. 1	ATION Box 2088	_	ON	See Instructions at Bottom of Page		
DISTRICT III 1000 Rio Bratos Rd., Aziec, NM 87410)		Santa Fe	, New I	Mexico 87	504-2088				
I. Operator	REC	DUEST	FOR AL	LOWA	BLE AND	AUTHO	RIZATIOI GAS	N		
Permian Resources,	Inc., (<u>1/b/a F</u>	ermiar	n Part	ners, In	с.	W	וו גאז איז. 30-005-20	792	<u>P</u>
P. O. Box 590. Midl. Reason(s) for Filing (Check proper box)	and, T)	(7970	2							
New Well		Change	in Transpo	nter of:	L o	ther (Please e	ıplain)	· ·		<u> </u>
Recompletion	Oil Caringh	[ead Gar [] Dry Ga] Conden		Eff	ective:	6-1-4	83		
If change of operator give name and address of previous operator					Q_{17}	·				
IL DESCRIPTION OF WELL			yae		<u> </u>	íp				
Lesse Name			Pool Na	ume, Inclus	ding Formation			d of Lesse		
Haley Chaveroo CSA UN	Sec 3	11			San An		Su	Federal or Fee	NM I	1683
Unit Letter K	_ :1	980	_ Fea Fra	m The _	South L	be and 1	.980	Feet From The	West	
Section 3 Townsh	i <u>p 85</u>			33E		 тмрм,		_	ves	Line
III. DESIGNATION OF TRAN	SPORT	PD OF C	11 A NU						ves	County
		or Cond	IL ANI		Address (Gi	we address to	which appro	ed copy of this for		
Scurlock/Permian Name of Authorized Transporter of Casin					Box 11	33 [.] Ho	uston. '	TX 77251_1	192	
Trident NGL, Inc.			or Dry (ж <u>—</u>	Address (Gi Box 30	we address to	which approv	ed copy of this for	n is to be sen	<i>i</i>)
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	Rge	ls gas actual		<u>sa, OK</u> Wh	_/4102 en ?		
If this production is commingled with that IV. COMPLETION DATA	from any or	her lease of	r pool, give	comming	ling order pur	ıber;				
		Oil We		as Well						
Designate Type of Completion		i		11 WCII	New Well	Workover	Deepen	Plug Back S	me Res'v	Diff Res'v
Dae Spense	Date Corr	pl. Ready (o Prod.		Total Depth			P.B.T.D.	······	
Elevations (DF, RKB, RT, GR, elc.)	R, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth		
erforations								Depth Casing Shoe		
									00¢	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTI	NG RECO DEPTH SE				
						DEPTHSE	<u> </u>		KS CEMEN	17
V TEST DATA AND DEOLICE										
V. TEST DATA AND REQUES OIL WELL (Test must be after re Date First New Oil Run To Tank	COVERY of 1	LLOW. Kal volume	ABLE of load oil	andmus	he equal to a					
Date First New Oil Run To Tank	Date of Te	g			Producing M	cthod (Flow, p	ownp. gas lift.	elc.)	ul 24 hours.,)
Length of Test	Tubing Pre	19172			Casing Press			Choke Size		
Actual Prod. During Test										
· · · · ·	Oil - Bbls.				Willer + BblL	-		Gas- MCF		
GAS WELL			_		<u></u>]
Actual Prod. Test - MCF/D	Length of	lest			Bbls. Conden	HENNEF		Gravity of Cond	ensale	<u> </u>
Festing Method (pilot, back pr.)	Tubiag Pressure (Shut-in)				Casing Press	re (Shut-in)		Choke Size		
					, 					
										·
I hereby certify that the rules and regula	tions of the	Oil Conver	vation.	CE	(VSERV			
I hereby certify that the rules and regula Division have been completed with and the	tions of the	Oil Conser	vation.	CE .			NSERV	ATION DI	VISION	
I hereby certify that the rules and regula	tions of the	Oil Conser	vation.	E .				ATION DI		
I hereby certify that the rules and regula Division have been complied with and U is true and complete to the best of my to Signature	tions of the hat the infor	Oil Conser matios give d belief.	vation ta above		Date	Approve	ed	JUN	2 2 19	93
Signature Robert Marshall	tions of the hat the infor	Oil Conser	vation ent	CE 	Date	Approve	ed ORIGINAL DIS	# # SIGNED BY JE TRICT I SUPERV	2 2 19	93
I hereby certify that the rules and regula Division have been complied with and U is true and complete to the best of my to Signature	tions of the half the infor sowledge ar Vice	Oil Conser matios give d belief.	vation en above en t Title		Date	Approve	ed ORIGINAL DIS	JUN * signed by je	2 2 19	93

TRUCTIONS: 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.



Job separation sheet

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Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240

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

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Date

9-18-91

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator			ANS	SPORT O	IL AND NA	ATURAL	GAS				
-	SNYDER OIL CORPORATION						Wel	API No.			
Address 777 Main Street	. Suite	2500	 F+	Uonth							
Reason(s) for Filing (Check proper box)	, built	2000,		worth,							
New Well		Change i	n Tran	sporter of:	L C	ther (Please e	xplain)				
Recompletion	Oil		Dry	Gas 🗌							
Change in Operator	Casinghea	1 Gas [] Con	idensate 🗌							
If change of operator give name and address of previous operator	MURPHY O	PERAT	ING	CORPORA	TION						
IL DESCRIPTION OF WELL	AND LEA	SE									
Lease Name hundre			Poo	Name, Inclus	ding Formation		Kind	of Lease			
Haley (SA Unit Sec.	3	11		Chaveroo	o San And	lres		Foderal or Fe		Lease No. 1083	
Unit Letter _K	. 19	80	F	From The	\$	1	980		<u> </u>	1005	
5		<u> </u>	_ rea		Lir	be and	<u>180</u> F	eet From The	W	Line	
Section 3 Townsh			Ranj			мрм,	Chaves	ROOSEVI		County	
III. DESIGNATION OF TRAN	SPORTE	<u> </u>	IL A	ND NATL	RAL GAS						
	TĂ T	or Conde	sale		Address (Gi	ve address 10	which approve	copy of this fo	en is to be •	enti	
Scurlock/Permian Name of Aughonized Transporter of Casim	othered Car				Box	<u> 1183</u> ,	Houston.	TX 77251	-1193		
Truce NGL, Inc.	igneau Gar		or D	ту Сав 🛄	Nuclear (U)	ne address 10	which approved	l copy of this fo	rm is to be s	eni)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	Rge.	ls gas actual	<u>300, T</u>	ulsa, OK				
	<u> </u>		1	i	1		whet	17			
f this production is commingled with that V. COMPLETION DATA	from any othe	r lease or	pool, (give comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi.	Ready to	Prod.		Total Depth	I		P.B.T.D.	····-		
Elevations (DF, RKB, RT, GR, etc.)	Name of De	4						r.b.1.D.			
Perforations	Name of Producing Formation				Top Oil Cas 1	Pay		Tubing Depth			
-610131002								Depth Casing	Shoe		
		BING	CAS	INC AND	CTA (TA)	10				I	
HOLE SIZE	CASI	NG & TU	BING	SIZE	CEMENTI						
						DEPTH SE	[<u> </u>	SACKS CEMENT		
	<u> </u>										
. TEST DATA AND REQUES	T FOR AL	LOWA	RIF								
IL WELL (Test must be after re	covery of Intel		Umd	e Inil and music	± •.						
IL WELL (Test must be after re tate First New Oil Run To Tank	Date of Test		<u>, 1000</u>	ou and musi	Producing Mr	exceed top all	lowable for this wrp, gas lift, e	depth or be fo	r full 24 hour	<u>s.)</u>	
					B		ανψι χως τητ. ε	<i></i>			
ength of Test	Tubing Press.	Ire			Casing Pressul	re		Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbls			0			
					o Lei · Doia			Gas- MCF			
SAS WELL										<u> </u>	
ctual Prod. Test - MCF/D	Length of Tes	t			Bbls. Condens	ale MMCF		Gravity of Co	densate	<u> </u>	
sting Method (pilot, back pr.)	Tubing Proces	- 15-11									
	Tubing Press	ne (Shut-i	(ת		Casing Pressur	r (Shut-in)		Choke Size			
L OPERATOR CERTIFICA	ATE OF C	OMPI	IAN	VCF	_]	
I hereby certify that the rules and regulat	tions of the Oil	Conterna	tion			IL CON	SERVA			N	
Division have been complied with and the	hat the informa	tion orver	above	e					101010	i N	
is true and complete to the best of my kr	nowledge and t	elicf.			Date	Approve	Ч	The T	1 4 4000	a a	
Kott 1	IL.						<u> </u>		v I 15€	911	
Signature	2 mg			[By		SIGNED 51		TON	-	
Signature / Signat	roductio			Sup.		Df.	TRICT I SU	ERVISOR	······		
9-18-91	817/22		litte	-	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.

817/338-4043

Telephone No.

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 Senarate Form C-104 must be filed for each module on the filed for each module of the filed for ea

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