

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, 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

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
PERMIAN RESOURCES INC., DBA Permian Partners, Inc.		38-025-09144-05
Address		
P. O. Box 590 Midland, Texas 79702		
Reason(s) for Filing (Check proper box)		
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. Bruno P. O. Box 590 Midland, TX 79702		

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name	Well No.	Kind of Lease
Seven Rivers Queen Unit	22	State, Federal or Fee
Location		
Unit Letter	Feet From The	Line and
D	610	North
Section	Range	Lea
34	36E	County
Township		
22S		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	or Condensate	P O Box 2528 Hobbs, NM 88240	
Texas New Mexico Pipeline Company		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Texaco 5/1/84	
Warren Petroleum & GPM & Texaco E&P Inc.		GPM 3/16/74	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	I	34	22S
			Rge.
			36E
			Is gas actually connected?
			Yes
			When?
			Warren 3/25/60

IV. COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v		Diff Res'v	
Designate Type of Completion - (X)																	
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		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test				
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 915/685-0113  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JUN 10 1993  
ORIGINAL SIGNED BY JERRY SEXTON  
By 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.