

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.		30-025-09146-00
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 Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Seven Rivers Queen Unit	20	Eunice Seven Rivers Queen South	State, Federal or Fee	
Location				
Unit Letter	Feet From The	Line and	Feet From The	Line
B	660	North	1980	East
Section	Township	Range	Lea	County
34	22S	36E	NMPM,	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

If this production is commingled with that from any other lease or pool, give commingling order number: R-663/R-4671

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	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 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			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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	President
Randy Bruno	
Printed Name	Title
May 17, 1993	915/685-0113
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 10 1993
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

By _____
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.