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

P.O. Drawer DD, Artesia, NM 88210

DISTRICT II

I.

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT III REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Орсга PERMIAN RESOURCES INC., DBA Permian Partners, Inc. 30-025-28123-00 Address 0. Box 590 <u>Midland, Texas</u> 7.9702 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion X Condensate Casinghead Gas Change in Operator If change of operator give name and address of previous operator 79702 Р 0. Box 590 Midland, IX <u>Earl</u> R Bruno II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation South State, Federal or Fee Lease Name Eunice Seven Rivers Queen Queen_Unit <u>Seven Rivers</u> Location Feet From The North Line and 34 est Feet From The Unit Letter Lea County **22S** 36E **NMPM** Range Section 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	Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipe	1 ine C	ompany			P O Box	2528 Hob	bs, NM	88240			
Name of Authorized Transporter of Casin, Warren Petroleum & GP	ghead Gas	ľΧ	or Dry PInd			e address to wh		Tovac	= (1 (0)		
If well produces oil or liquids, give location of tanks.	Unit	i 34	Twp. 225_	Rge. 1 36E	Yes		When	' GPM	3/16/7	4	
If this production is commingled with that IV. COMPLETION DATA	from any o	ther lease or	pool, giv	e comming!	ing order num	∞r: R− <u>663</u>	/R-4671		n 3/25/6		
TV. COMILECTOR		Oil Well	7	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	İ		1	L		· · · · · · · · · · · · · · · · · · ·			
Date Spudded	The state of the s					Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					L			Depth Casing Shoe			
		TUBING.	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
										·	
								ļ			
	 				1						

or Condensate

TEST DATA AND REQUEST FOR ALLOWABLE (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.)

OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tank Choke Size Casing Pressure Tubing Pressure Length of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test

GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) l'esting Method (pitot, back pr.)

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.

 \mathcal{U} Signature President Randy Bruno Title Printed Name

Date

May 17, 1993 915/685-011 Telephone No.

By.

Orig. Signed by, Paul Kautz Geologist

Date Approved JUN 1 1 1993

OIL CONSERVATION DIVISION

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.