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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

ſ.	TO TRANS	SPORT OIL	AND NA	TURAL GA	\S	DINI		
Operator Permian Resour	ces, Inc., d/b/				Well A	upi No.) -0 25 - //697		
Address								
P. O. Box 590 Reason(s) for Filing (Check proper box)	Midland,	lexas /9	0702 Oth	er (Please expla	iin)			
New Well	Change in Trai	nsporter of:						
Recompletion	Oil Dry Gas							
Change in Operator	Casinghead Gas Con	ndensate						
f change of operator give name and address of previous operator Earl	R. Bruno Compa	iny P.	O. Box	590	Midlar	nd, TX 79702		
II. DESCRIPTION OF WELL A	AND LEASE		7		Vind	of Lease	se No.	
Well No. Pool Name, Including Formation Lease Name Well No. Pool Name, Including Formation Well No. Pool Name, Including Formation Kind of Lease State Federal or Fee (CO 325 790)								
Location Unit Letter P: 330 Feet From The South Line and 990 Feet From The East Line								
Section 22 Township 255 Range 37E, NMPM, County								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be gent)								
Name of Authorized Fransporter of Oil	or Condensate		Address (Giv	ve address 10 w	hich approved	copy of this form is to be sen	"04	
Gride Kipeline	, (0-,	<u> </u>	120V	L450	hich approved	copy of this form is to be sen	<u>,, , , , , , , , , , , , , , , , , , ,</u>	
Name of Authorized Transporter of Casing	head Gas	Dry Gas C	20/7	Morens &	J-17-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Worthold 7	6/02	
If well produces oil or liquids,	Unit Sec. Tw	77.55		ly connected?	When	$\frac{1}{2}/\sqrt{2}$		
give location of tanks.	1 P12612	258 37E		yes_		У ,П		
If this production is commingled with that f	rom any other lease or pool	l, give commingli	ing order num	ıber:				
IV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same Res'v	Diff Res'v	
Designate Type of Completion			i	<u>i</u>	<u>i</u>	<u> </u>	L	
Date Spudded	Date Compl. Ready to Pro	xd.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	(B, RT, GR, etc.) Name of Producing Formation			•		Tubing Depth		
Perforations			J			Depth Casing Shoe		
O ON			CEMENTING RECORD					
	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASING & TODING SIZE							
THE PART AND DEOLIES	T FOR ALLOWAR	LE						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	ecovery of total volume of li	oad oil and must	be equal to o	r exceed top all	owable for th	is depth or be for full 24 hours	r.)	
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.)					
			Casing Press			Choke Size		
Length of Test	Tubing Pressure		Casing Freshire					
	au Di		Water - Bbis.		Gas- MCF			
Actual Prod. During Test	Oil - Bbls.							
GAS WELL						Gravity of Condensate		
ciual Prod. Test - MCF/D Length of Test			Bbls. Condensale/MMCF		Gravity of Colloculate			
	Tubing Pressure (Shut-in)	Casing Press	Casing Pressure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	lubing Pressure (Silot-m)							
VI. OPERATOR CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			4 0					
Division have been complied with and that the information gives account is true and complete to the best of my knowledge and belief.			Date	Date Approved JUN 16 1993				
1. 2.11								
Trum -				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
Signature Randy Bruno President								
Printed Name Title				e				
May 17, 1993 915/685-0113								

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
- 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.

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OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 63057

DISTRICT III

1000 Rio Brazos Rd., Azlec, NM 8/410	REQUEST FOR ALLOWAB TO TRANSPORT OIL	LE AND AUTHORIZATION AND NATURAL GAS				
Operator EARI Operator	BRUND COM	Well	APINO. 0-025-11697			
Address Boy 59	O MIDLAND	TEXAS 797	02			
Reason(s) for Filing (Check proper box)	Change in Transporter of:	Other (Please explain)				
New Well U	Oil Dry Gas					
Change in Operator Change of operator give name	Casinghead Gas Condensate	000000	IDLAND TEXAS			
nd address of previous operator	RL R. BRUPO	0.0.Box 590 M	TWLAND IEXAS			
I. DESCRIPTION OF WELL A	AND LEASE Well No. Pool Name, Including	ng Formation Kind	Of Lease No.			
CARLSON A	/ LANGUE MA	97TH SR-QN-6B State	Federal or Fee LC032579C			
Location Unit Letter		outh Line and 990 F	eel From TheLine			
Section 22 Township	, 255 Range 37	E, NMPM, CEA	County			
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS	d come of this form is to be sent)			
Name of Authorized Transporter of Oil PRIDE PIPELINE CO	or Condensale	Address (Give address to which approved copy of this form is to be sent) BOX 2436 ABILENE TX 79604				
Name of Authorized Transporter of Casing		Address (Give address to which approved copy of this form is to be sent) 201 MAIN ST. FT. WORTH TX 76/02				
SID RICHARDSON GAR	Unity Sec. Twp. Rge.	ls gas actually connected? When				
If well produces oil or liquids, give location of tanks.	N 22 255 37E	1/65 1/	V/A			
(this production is commingled with that I	TOM TO CHATALOSON GASOLIN	16 CO. 16 CH. 3-1/8-3				
Designate Type of Completion	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 REQUES	T FOR ALLOWABLE					
OIL WELL (Test must be after re	ecovery of total volume of load oil and must	be equal to or exceed top allowable for the Producing Method (Flow, pump, gas lift,	is depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF			
GAS WELL		- A 1/100	Gravity of Condensate			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF				
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regula	ATE OF COMPLIANCE	OIL CONSERV	ATION DIVISION			
Division have been complied with and is true and complete to the best of my i	that the information given above	Date Approved JAN 2 1 1993				
NAM.		orig. Signed by				
Signature COA	ENGINEER	By Paul Kanta Geologisti;				
Printed Name	Title 15-685-0113	END DECCUEN	ONLY : 322 2 0 casa			
11-2-74 91	Telephone No.	LOK KECOKD	MPR 30 1993			

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RECEIVED

APR 2 8 1993

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GCD HOBBS OFFICE