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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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| Ĭ. | TO TRANSPO | OHI OIL | ANU NA | I URAL GA | Not A | PI No | | |
|--|----------------------------------|------------------|--|--------------|--------------|--------------|-----------------------|--|
| Operator Permian Resources, Inc., d/b/a Permian Partners, Inc. Well API No. 30-025-1/796 | | | | | | | | |
| P. O. Box 590 Midland, Texas 79702 | | | | | | | | |
| Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Operator Casinghead Gas Condensate | | | | | | | | |
| If change of operator give name F 3 D D Company D O Poy 500 Midland TY 79702 | | | | | | | | |
| II. DESCRIPTION OF WELL AND LEASE | | | | | | | | |
| Lease Name Carlson B26 Well No. Pool Name, Including Formation Carlson B26 Hardin Mattin Stands State, Federal for Fee LC 32579C | | | | | | | | |
| Unit Letter : 1980 Feet From The South Line and 660 Feet From The Dast Line | | | | | | | | |
| Section 26 Township 255 Range 37E, NMPM, Tea County | | | | | | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) | | | | | | | | |
| Sourlack Perm Jose 1304 4648 Nouston, J. 77210 | | | | | | | | |
| 1 d Pichand am Patron & aspling 201 Main St. It Worth Jul 1610 L | | | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. | Rge. | is gar actuall | y connected? | When | N/A | | |
| If this production is commingled with that i | rom any other lease or pool, giv | e commingli | ing order num | ber: | | | | |
| IV. COMPLETION DATA | | | New Well | | Deepen | Plug Back | Same Res'v Diff Res'v | |
| Designate Type of Completion | · (X) | Gas Well | Total Depth | Workover | | P.B.T.D. | | |
| Date Spudded | Date Compl. Ready to Prod. | | | | | 1.0.1.0. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Perforations | | | | | | | Depth Casing Shoe | |
| | TUBING, CASIN | CEMENTING RECORD | | | SACKS CEMENT | | | |
| 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.) | | | | | | | | |
| | Tubing Pressure | Casing Pressure | | | Choke Size | | | |
| Length of Test | - | | Water - Bbls. | | | Gas- MCF | | |
| Actual Prod. During Test | Oil - Bbls. | | | | | | | |
| GAS WELL | Length of Test | | Bbls. Conder | sate/MMCF | | Gravity of C | Condensate | |
| Actual Prod. Test - MCF/D | | | | | Choke Size | | | |
| l'esting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | Casing Pressure (Shut-in) | | | | | |
| 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. | | | OIL CONSERVATION DIVISION JUN 1 6 1993 Date Approved | | | | | |
| - Church Philips | | | ORIGINAL SIGNED BY JERRY SEXTON By DISTRICT I SUPERVISOR | | | | | |
| Signature Randy Bruno President | | | | | | | | |
| Printed Name May 17, 1993 | Tide 915/685-011 | | Title | | | | | |
| Date | Telephone N | |]] | | | | | |

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.