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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-11
Effective 1-1-65

Operator Chapman & Schneider	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	Effective 9/1/77

If change of ownership give name and address of previous owner **Sidney Lanier, P. O. Box 763, Hobbs, N M 88240**

DESCRIPTION OF WELL AND LEASE		LC-032618 (A)	
Lease Name I. B. Ogg "A"	Well No. 1	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee Federal
Location		Lease No. above	
Unit Letter G	1980 Feet From The North Line and 1980 Feet From The East		
Line of Section 35	Township 24 S	Range 36 E	County Lea

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 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P. O. Box 1492, El Paso, Texas 79928					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 35	Twp. 24S	Rge. 36E	Is gas actually connected? Yes	When 10/20/61

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. Well ☐		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking Depth
Perforations	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tanks	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	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (Frac, Back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
ORIG. SIGNED BY: DONNA HOLLER (Signature)	
Agent (Title)	
9/20/77 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED	DATE
BY	
TITLE	
This form is to be filed in compliance with RULE 1104.	
If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the vertical tests taken on the well to be recorded with RULE 111.	
All wells of this form must be filled out completely for either old or new well and completed by the well.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.	