Submi: 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Y		OTRA	NSPC	ORT OIL	AND NA	TURAL GA	\S					
Well API No.												
SNYDER OIL CORPORATION Address												
777 MAIN STREET, S	titmb (T	ORT W	ODMIT 1	MEVAC 7	C100					
Reason(s) for Filing (Check proper box)	uiir_2	200		OKI		PEXAS 7 (Please expla						
New Well		Change in	Transpor	ter of:		(
Recompletion	Oil		Dry Gas	. 📙								
Change in Operator	Casinghead	Gas	Condens	nte								
if change of operator give name and address of previous operator MU	RPHY C	PERA	ring	CORPO	RATION				_			
IL DESCRIPTION OF WELL	AND LEA	SE										
	Chaveros Well No. Pool Name, Includin						Kind c	Clease Lease No.				
Jennifer CSA Unit	l l							Federal or Fee NM-0108997-1				
Location					0	,			<u></u>			
Unit LetterI	: 198	0	. Feet Fro	m The 🗷	Lio	e and	00 Fe	et From The _	<u> </u>	line		
Section 26 Township	. 75			3 2 E				_				
Socion — township	, 75		Range	336	N	MPM, ROC	SEVEL	<u>T</u>		County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	NATUI	RAL GAS							
Name of Authorized Transporter of Oil		or Conder				re address to wh	uch approved	copy of this fo	rm is to be se	nl)		
Scurlock Permia												
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)						
Inident NGL Inc. If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected.												
give location of tanks.	Unit	Sec	Twp	Kge.	is gas actuall	y connected?	When	7				
If this production is commingled with that f	rom any oth	er lease or	pool, give	e comming)	ng order num	ber:						
IV. COMPLETION DATA						·			 			
Designate Type of Completion	· (Y)	Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		l Pandy to			Total Depth	<u> </u>	L					
zan opasios	Date Compl. Ready to Prod.				- Com Drepoi			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil Gas Pay			Tubing Depth				
					-			runting Deptin				
Perforations						····		Depth Casing Shoe				

	TUBING, CASING AND				CEMENTI		<u>D</u>	,				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
					 			 	 -			
					<u> </u>	· · · · · · · · · · · · · · · · · · ·						
								 				
V. TEST DATA AND REQUES												
OIL WELL (Test must be after re	Date of Tes		of load o	il and must					or full 24 hou	rs.)		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size				
-						-						
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			Gas- MCF				
			·									
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate MMCF			Gravity of Condensate				
rough the first of the first to the	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)							
Testing Method (pitot, back pr.)								Choke Size				
VI. OPERATOR CERTIFIC	ATEO	COL	DT TAR	ICE	ir							
				ICE		OIL CON	ISERV	ATION	DIVISIO	NC		
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.					Date Approved							
K1++11	4.	/ .						· · · · · · · · · · · · · · · · · · ·				
Simple / May 15th					∥ Ву_	By Grig. Signed by						
Signature Betty Usry Prod. Reporting Supr					Hr Paul Kautz							
Printed Name Title					Title)	Lieo	logist				
09/18/91 (1 Date	817) 3	38-40	ephone N									
		14			11							

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) Canarata Form C 104 muse La Cl. 1 C