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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  
 Superseding Old C-101 and C-11  
 Effective 1-1-65

Operator  
**Chapman & Schneider**

Address  
**o/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change In Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change In Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

**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** **IC-032618 (A)**

Lease Name <b>I. B. Ogg "A"</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>Jalmat</b>	Kind of Lease State, Federal or Free <b>Federal</b>	Lease N <b>above</b>
Location				
Unit Letter <b>J</b>	<b>1980</b>	Feet From The <b>South</b>	Line and <b>1980</b>	Feet From The <b>East</b>
Line of Section <b>35</b>	Township <b>24 S</b>	Range <b>36 E</b>	NMCM, <b>Lea</b>	County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>None - SWD Well</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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

**COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim Res'n.	Inf. R.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.O.T.D.			
Elevations (DF, RSP, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**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)**

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-WELS	Water-WELS	Gas-WELS

**GAS WELL**

Actual Prod. Test-WELS	Length of Test	Dens. Condensate/WELS	Gravity of Condensate
Testing Method (Flow, Check In)	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**  
**SEP 21 1977**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If data is to be reported allowable for a newly drilled or recompleting well, this form is to be accompanied by a calculation of flow which is to be submitted in accordance with RULE 111.  
 This form is to be filled out completely for all oil and gas wells.  
 Fill out only I, II, III, and VI for change of operator, well name or number, or transporter or other such change of available.