

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SNYDER OIL CORPORATION		Well API No.
Address 777 Main Street, Suite 2500, Ft. Worth, TX 76102		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	<input type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Change in Transporter of:	
Change in Operator <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator MURPHY OPERATING CORPORATION		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Chaveroo Haley, CSA Unit Sec. 33	Well No. 10	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Lease No. K-1369
Location				
Unit Letter I	: 1980	Feet From The S	Line and 1980	Feet From The E
Section 33	Township 7S	Range 33E	NMPM, ROOSEVELT County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil None - Injection well	<input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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.
	Twsp.	Rge.
Is gas actually connected?		When?

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	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 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.)	
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	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Signature Betty Usry Production Report Sup.
Printed Name
Date 9-18-91 Telephone No. 817/338-4043

OIL CONSERVATION DIVISION

Date Approved OCT 01 1991

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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 multiple acreage.



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WELL API NO.

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil & Gas Lease No.

K-1369

7. Lease Name or Unit Agreement Name

Haley Chaveroo San Andres
Unit Sec. 33

8. Well No.

10

9. Pool name or Wildcat

Chaveroo San Andres

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐GAS
WELL ☐

OTHER Injection Well

2. Name of Operator

Murphy Operating Corporation

3. Address of Operator

P. O. Drawer 2648, Roswell, New Mexico 88202-2648

4. Well Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line

Section 33 Township 7 South Range 33 East NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: Acidize ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

11-20-9C Acidize well with 2000 gals 15% Ne Pentol acid with 500# salt block.

Avg. rate 3 BPM
Max rate 3.2 BPMAvg. pressure 1000 psig
Max pressure 1160 psig

ISIP 400 psig. Displace with fresh water. Return to injection.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Lori Brown

TITLE

Production Supervisor

DATE

3-1-91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

MAR 07 1991

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: