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

DISTRICT II

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. Drawer DD, Artesia, NM 88210		P.O. I	Box 2088		•				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	n	Santa Fe, New N							
I.	REQUEST	FOR ALLOWA	BLE AND A	UTHORIZ	ATION				
Operator	TOTA	IANSPORT O	L AND NAT	TURAL GAS	S				
SNYDER OIL CORP						API No.			
Address									
777 Main Street	, Suite 2500,	Ft. Worth,	TX 76102						
Reason(s) for Filing (Check proper box) New Well				r (Please explain)				
Recompletion	Change i	in Transporter of:		•	•	,			
Change in Operator	Casinghead Gas	Dry Gas							
If change of operator give name		Condensate							
	MURPHY OPERAT	ING CORPORAT	CION						
IL DESCRIPTION OF WELL									
Haley & SA Unit Sec.	Well No. Pool Name, Including Formation				Kind	Kind of Lease Lease No.			
Location	33 1	Chaveroc	Chaveroo San Andres		State,	Federal or Fee	K-13		
Unit LetterA	. 660		x /	1. 1			~		
Out Letter	_ :	Feet From The	Line	and 660	Fe	et From The		Line	
Section 33 Townsh	nip 7S	Range 33E	, NM	DR.4		ROOSEVELT			
III DECICNATION OF THE				rm,		ROUSEVELT		County	
III. DESIGNATION OF TRAN	VSPORTER OF O	IL AND NATU	RAL GAS						
Scurlock/Permian	X or Conde	neste	Address (Give	address to which	approved	copy of this form i	s to be sen	u)	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas									
Ony NGL, Inc.			Box 300, Tulsa, OK 7			wed 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				
	 	1 1	1		j waen	1			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ing order numbe	r:					
	Oil Well		·						
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepen	Plug Back Sam	e Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth						
Elemina (DE DED DE CO						P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil Gas Pay			Tubing Depth			
Perforations							- Ding Depui		
<u>i</u>						Depth Casing Sho	e		
	TUBING	CASING AND	CENTENITIN'	PECOPP					
HOLE SIZE	CASING & TU	JBING SIZE	CEMENTING RECORD DEPTH SET						
			DEPTH SET			SACKS CEMENT			

	<u> </u>								
V. TEST DATA AND REQUES	T FOR ALLOW	ADIE							
OIL WELL (Test must be after re	ecovery of total volume of	NDLE. Of load oil and must	ka amundan as						
Date First New Oil Run To Tank	Date of Test	9 1000 00 012 71201	Producing Metho	od (Flow nume	ole for this	depth or be for full	24 hows.)	
I was a firm			6	· · · · · · · · · · · · · · · · · · ·	ges iyi, ei	:.)			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	al Prod. During Test					1			
	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL	<u></u>	!							
Actual Prod. Test - MCF/D	Length of Test		2						
	and the second		Bbls. Condensate MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	in)	Casing Pressure (Shut-in)			Choke Size			
		1		(0114 14)		Choke 21Ze			
VL OPERATOR CERTIFICA	ATE OF COMP	LIANCE							
I hereby certify that the rules and regular	OIL CONSERVATION DIVISION								
Division have been complied with and the is true and complete to the best of my kn									
A A	Date Approved								
Signature Betty Usry Figure 1	By ORIGINAL SHOP BY TORY SEVEN								
Betty Usry F	By ORIGINAL SIGN STORY CONTON								
9-18-91	Title								
Date	817/338-404 Telep	hone No.	-						

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 modified to the filed for each modified for each modif