Submit 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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

Ĭ.	REQUI	EST FO	OR AL	TOWA	BLE AND	AUTHOR	IZATION			
Operator SNYDER OIL CORP	L AND NATURAL GAS Well API No.					<del></del>				
Address 777 Main Street, Suite 2500, Ft. Worth,								**	<del></del>	<del></del>
Reason(s) for Filing (Check proper box) New Well		Change in				2 her (Please expi	lain)	· , · · · · · · · · · · · · · · · · · ·		
Recompletion  Change in Operator  If change of operator give name	Oil Casinghead		Dry Ga Conden	. 🗆						
and address of previous operator	MURPHY OP		NG CC	RPORA	rion					
IL DESCRIPTION OF WELL Lease Name Chaveron			Pool Na	me Includ	ling Formation	·				
Haley CSA Unit Sec.					( <u>JCMG</u>			of Lease No. Federal or Fee K-3935		eir Na 935
Unit Letter E : 1980 Feet From The N Line and 660 Feet From The W Line										
Section 33 Township 7S Range 33E , NMPM, ROOSEVELT County										County
III. DESIGNATION OF TRAN	NSPORTER	OF OI	L ANI	NATU	RAL GAS					
Scurlock/Permian					Address (Give address to which approved copy of this form is to be sent)  Box 1183, Houston, TX 77251-1183					
Oxy NGL, Inc.	or Dry Gas NGL, Inc.					Address (Give address to which approved come of this forming to				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge				Box 300, Tulsa, OK 74			1102		
If this production is commingled with that  IV. COMPLETION DATA	from any other	lease or po	ool, give	comming	line order num		<u>i_</u> _		<del></del>	
John Bala		Oil Well		s Well						
Designate Type of Completion  Date Spudded	- (X)		ı	is well	New Well	Workover	Deepen	Plug Back San	ne Res'v	Diff Res'v
	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		
	CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL Test must be after re	T FOR ALI	LOWAI	BLE		<u> </u>					]
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure									
Actual Prod. During Test					_			Choke Size		
	Oil - Bbis.				Water - Bbls.			Gas- MCF		
GAS WELL Actual Prod. Test - MCF/D									<del></del>	
	Length of Test				Bbls. Condensate MMCF			Gravity of Condensate		
Testing Method (pitot, 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				OIL CONSERVATION DIVISION						
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					•
Signature Signature					By	ORIGINA	SCORUS -	J. 15		
Signature Betty Usry Production Report Sup.  Printed Name					By ORIGINAL SIGNED BY JUNEY SEXTON DISTRICT I SUPERVISOR					
9-18-91 817/338-4043					Title_		<del></del>	<del></del>		
		Telepho	one 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
- 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 part.