Submit 5 Copies
Appropriate District Office
DISTRICT I DISTRICT I 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

Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. SNYDER OIL CORPORATION Address 777 Main Street, Suite 2500, Fort Worth, TX 76102 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of:  $\Box$ Recompletion Dry Gas Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator MURPHY OPERATING CORPORATION IL DESCRIPTION OF WELL AND LEASE Haley & SA Unit Sec. Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee 4 Chaveroo San Andres K-3935 Location 060 Unit Letter \_\_\_D Line and 660 Feet From The Feet From The Line Section Township 7S Roosevelt **NMPM** County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Inj. well Name of Althorized Transporter of Casinghead Gas or Dry Gas 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 Rge. Is gas actually connected? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well New Well Workover | Deepen | Plug Back | Same Res'v Cas Well Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Derith 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 (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 Casing Pressure Choke Size Tubing Pressure Gas- MCF Actual Prod. During Test Water - Bbla Oil - Bbls. GAS WELL Actual Prod. Test - MCF/D 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 OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above (H) ( is true and complete to the best of my knowledge and belief Date Approved. ORIGINAL SIGNED BY JERRY SEXTON Signature DISTRICT I SUPERVISOR Prod. Report Sup. Betty Usry Printed Name Title. 817/338-4043 Date Telephone 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.
- 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.