## 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, Ariesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088 New Mexico 87

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	l	,	lexico 8/304-2088				
I.	REQUEST		BLE AND AUTHOR				
Ciperator	1018	ANSPORT OIL	LAND NATURAL		API No.		
SNYDER OIL CORPORATION							
777 MAIN STREET,	SUITE 2500	<b>ፑ</b> ር ውጥ ነ	יסגעמש ששקט	26100			
Reason(s) for Filing (Check proper box)		TOKI W	ORTH, TEXAS			<del></del>	
New Well		in Transporter of:		, ,			
Recompletion	Oil Casinghead Gas	Dry Gaz Condensate					
If change of operator give name and address of previous operator	MURPHY OPE		DODAMION				
II. DESCRIPTION OF WELL		MIING COR	PORATION				
Lease Name Chaveron	Well No	Pool Name, Includ	ing Formation	I Vind	of Lease		
Jennifer QSA Unit	<b>Sec.</b> 35 9		San Andres		Federal or Fee	K-4058	
Location Unit LetterI	1980	Feet From The	& Line and 6	60 F	et From The E	Line	
Section 35 Towns	nip 7S	Range 33E	, NMPM, Ro	osevelt		County	
III. DESIGNATION OF TRAI	NSPORTER OF (	DIL AND NATU	RAL GAS				
Scurlock / Permian							
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Addition				0x 1183, Houston, TX 77251-1183			
NGL, Inc.			Address (Give address to which approved copy of this form is to be sent)  Box 300, Tulsa, OK 74102				
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 IV. COMPLETION DATA	t from any other lease, o	r pool, give comming	ling order number:				
Designate Type of Completion	Oil We	ll Gas Well	New Well   Workover	Deepen	Plug Back Same	Res'v Diff Res'v	
Date Spudded	Date Compl. Ready	Lo Prod.	Total Depth		P.B.T.D.	i	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil Gas Pay		Tubing Depth		
Pe-forations							
					Depth Casing Sho	c	
	TUBINO	, CASING AND	CEMENTING RECO	)RD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
	<del></del>			<del></del>			
				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUE	ST FOR ALLOW	ARIE					
			be equal to or exceed ion.	allowable for the	e dansh on ha for El	/ 24 hores	
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	Tukin- Day		16225			· · · · · · · · · · · · · · · · · · ·	
	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gu- MCF		
GAS WELL			·				
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate NIMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ш-in)	Casing Pressure (Shul-in)		Choke Size		
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE		······································	<u> </u>		
I hereby certify that the rules and regu	ulations of the Oil Conse	ervation	OIL CC	NSERV	ATION DIV	ISION .	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							
72			Date Approv	/ed	· · · · · · · · · · · · · · · · · · ·	7	
1 Stty 13	Orig. Signed by By Paul Kautz Geologist						
Signature Betty Usry, Pr							
Printed Name		Title	Title				
09/18/91 (8	317) 338-40 Te	4.3 lephone 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) Senante Form C 104 Time to C 104