Submit 5 Copies Appropriate District Office 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 Instruction at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Ariesia, NM 88210 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 FORT WORTH, TEXAS Other (Please explain) 777 MAIN STREET, SUITE 2500 TEXAS 76102 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Dry Gas Oil Change in Operator X Casinghead Gas Condensate If change of operator give name and address of previous operator MURPHY OPERATING CORPORATION II. DESCRIPTION OF WELL AND LEASE
Lease Name Chartroo Well
Jennifer CSA Unit Sec. 35 Well No. Pool Name, Including Formation Kind of Lease OG-029 Na Chaverro San Andres State, Federal or Fee Unit Letter . : Lala O 660 Feet From The Feet From The Section 35 **7**S Township 33E Range NMPM, Roosevelt 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) \mathbf{x} Scurlock/Permian Box 1183, Houston, TX 77251-1183

Address (Give address to which approved copy of this form is to be sent) Name of Ambanized Transporter of Casinghead Gas XX or Dry Gas Box 300, Tulsa, OK When? If well produces oil or liquids, OK 74102 Unit Sec Twp. Rge. Is gas actually connected? give location of tanks If this production is commingled with that from any other lease or pool, give comminging order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Designate Type of Completion - (X) Deepen Plug Back | Same Res'v Diff Res'y 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 SACKS CEMENT 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 - Bbis GAL- MCF **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate MINICF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VL 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 Date Approved _____ is true and complete to the best of my knowledge and belief. Orig. Signed by Paul Kautz Signature Betty Usry, By_ Prod Geologist Reporting Suprv.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

<u>(817)</u>

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

338-4043

Telephone No

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes

Printed Name

Date

09/18/91