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., Aztec, NM 874	10		Santa Fe	, New A	Aexico 875	04-2088						
I.	REQ	JEST!	FOR A	LLOWA	BLE AND	AUTHOR	17.ATION					
Operator		TO TE	RANSP	ORT O	L AND NA	TURALG	AS					
SNYDER OIL CORPO	SNYDER OIL CORPORATION									II API No.		
777 MAIN STREET, Reason(s) for Filing (Check proper bo)	SUITE	2500	<u> </u>	FORT	WORTH,	TEXAS 7	6102					
New Well	~,	Change	in Transpo	offer of:		ner (Please expl	ain					
Recompletion Change in Operator	Oil Casinghea		Dry Ga	18								
If change of operator give name and address of previous operator	MURPHY (OPERA			DRATION							
IL DESCRIPTION OF WEL	L AND LE	ASE										
Jennifer CSA Unit	- Soc 10	Well No	1		ing Formation			of Lease	T 1	ease Na		
LOCALION CO.							State	Federal or Fee	OG-1			
Unit Letter N	_ :_ 6	00	_ Feet Fro	om The 🚅	Lin	e and 6	<u>60</u> F	eet From The	ω	Line		
Section 19 Towns				34E		MPM, ROC	SEVE					
III. DESIGNATION OF TRA	NSPORTE	ROFO	IL ANI) NATI	RAT CAS					County		
Scurlock Permi		Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Cas Trudent NGL In	utinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					n/)		
If well produces oil or liquids, give location of tanks.	i i	Unit Sec. Twp. Rge. Is gas actually connected?						hen ?				
If this production is commingled with the IV. COMPLETION DATA	at from any other	r lease or	pool, give	comming	ing order numb	er:						
Designate Type of Completion	n - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back Sai	ma Daniu	h		
Date Spudded	Date Compl	. Ready w	Prod.		Total Depth			P.B.T.D.	He Kes v	Diff Res'v		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil Gas Pay							
Perforations								Tubing Depth				
								Depth Casing St	10e			
HOLE SIZE	TUBING, CASING AND					CEMENTING RECORD						
TIOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
			· · · · · · · · · · · · · · · · · · ·									
V. TEST DATA AND REQUE	ST FOR AL	LOWA	DLE									
OIL WELL (Test must be after	recovery of tota	l volume i	MLE of load oil	and must b								
	Date of Test				pe equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, Eas lift, etc.)					.)		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATEOFO	יסארם:	TANC	·E			<u></u>					
I hereby certify that the rules and regul Division have been complied with and	lations of the Oi	Conserv	41:	E	0	IL CONS	SERVA	TION DIV	3,			
is true and complete to the best of my l	knowledge and	belief.			Date A	Approved			t labe	•		
Signature Oltty Chry					Drig. Signe.							
Betty Usry	Prod.	Repor	ting	Supr	Ву 7.		Psul Ka Leologi	11t2				
00/10/01		3-404	Title 3		Title		# Pricosogs			-		
		lelep	hone No.	- 11								

contraction group graphy will be secured in a second graphy and a second graphy and a second graphy and a second graphy and a second graphy are second graphy are second graphy and a second graphy are second graphy and a second graphy are second 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.