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 Appropriate District Office  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
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**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
 Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

Operator **SNYDER OIL CORPORATION** Well API No. \_\_\_\_\_  
 Address **777 MAIN STREET, SUITE 2500 FORT WORTH, TEXAS 76102**  
 Reason(s) for Filing (Check proper box)  
 New Well  Change in Transporter of:  Other (Please explain) \_\_\_\_\_  
 Recompletion  Oil  Dry Gas   
 Change in Operator  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 **Chavero** Well No. **9** Pool Name, including Formation **Chavero San Andres** Kind of Lease  State Federal or Fee Lease No. **OG-1193**  
 Location Jennifer **SA Unit Sec. 19**  
 Unit Letter **I** : **1650** Feet From The **S** Line and **990** Feet From The **E** Line  
 Section **19** Township **7S** Range **34E**, NMPM, **Roosevelt** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  Scurlock/Permian or Condensate  Address (Give address to which approved copy of this form is to be sent) **Box 1183, Houston, TX 77251-1183**  
 Name of Authorized Transporter of Casinghead Gas  **Wyn NGL, Inc.** or Dry Gas  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?

**IV. COMPLETION DATA**  
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v  
 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 DEPTH SET SACKS CEMENT

**V. 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 - Bbls. \_\_\_\_\_ Gas - MCF \_\_\_\_\_  
**GAS WELL**  
 Actual Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
 Signature Betty Usry  
 Printed Name **Betty Usry, Prod. Reporting Suprv.** Title \_\_\_\_\_  
 Date **09/18/91** Telephone No. **(817) 338-4043**

**OIL CONSERVATION DIVISION**  
 Date Approved \_\_\_\_\_  
 By Paul Kautz Geologist  
 Title \_\_\_\_\_

**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) Separate Form C-104 must be filed for each well.

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