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 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., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TOTR	ANGE	COTO	TOLE AND	AUTHOR	NOPTAZION	1			
Operator SNYDER OIL CORPO	DATTON		ANOI	ONIO	IL AND N.	ATURAL C	SAS We	I API No.		·	
Address							1				
777 MAIN STREET, Reason(s) for Filing (Check proper box	SUITE	2500		FORT V	√ORTH	TEVAC 2	C1 0 0				
New Well	;)					TEXAS 7	6102				
Recompletion	Oil	Change i					,				
Change in Operator	Casinghe	ad Gar	Dry G								
If change of operator give name and address of previous operator MURPHY OPERATING CORPORATION											
IL DESCRIPTION OF WELL AND LEASE											
rease Name (. P. C. and b. a.			Pool N	lame Includ	ling Formation						
Jennifer (SA Unit	Sec. 30	9	Cha	ver	San An	dres	Kind State	of Lesse Federal or Fe	. 00	Lese Na -4897	
Unit Letter I	. 23	10		rom The 👤	n					4037	
Section 30 Township 7S											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil	NSPORTE XX	or Conden	IL AN	D NATU	RAL GAS						
Scurlock/Permian		Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas											
If well produces oil or liquids,		Address (Give address to which approved copy of this form is to be sent) Box 300, Tulsa, OK 74102									
give location of tanks.	location of tanks.				When ?						
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or p	oool, giv	e comming)	ing order numi	ber:	L				
		Oil Well									
Designate Type of Completion	- (X)	I WEII	1	as Well	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Resiv	
Date Spudded	Date Comp	. Ready to	Prod.		Total Depth			<u> </u>			
Devations (DF, RKB, RT, GR, etc.) Name of Produci								P.B.T.D.			
Troubling Formation					Top Oil Gas F	Pay .		Tubing Depth			
Perforations					·						
					Depth Casing Shoe						
HOLE SIZE	TUBING, CASING AND				CEMENTIN	G RECORI)	1			
	CASING & TUBING SIZE					DEPTH SET		SA	SACKS CEMENT		
								J. G. G. C. WEIT			
TEST DATA AND DECLINE											
TEST DATA AND REQUES OIL WELL Get must be given by	T FOR AL	LOWA	BLE								
Date First New Oil Run To Tank	Date of Ton	I volume of	load oil	and must b	e equal to or e	acced top allow	able for this	depih or be for	full 24 hour	•)	
	it be after recovery of total volume of load oil and must ak Date of Test				Producing Met	hod (Flow, pum	p. gas lift, el	c.)	, , , , , , ,		
ength of Test	Tubing Press	ure			asing Pressun			<u> </u>			
Actual Prod. During Test								Choke Size			
January 1000	Oil - Bbls.				Water - Bbls			Gas- MCF			
GAS WELL											
chul Prod. Test - MCF/D	Length of Tex	st			Bbls. Condensa	LE DIMOF		×			
ng Method (pitot, back pr.) Tubing Pressure (Shut-in)								Gravity of Condensate			
	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)			Choke Size			
L OPERATOR CERTIFICA	ATE OF C	ONADI	TANIC	 -							
I. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complianced.					OIL CONSERVATION DIVISION						
with and that both complied with and that the information					.:						
is true and complete to the best of my knowledge and belief.					Date Approved						
150H= (164=/					Date Apployed						
Signature					By Orig. Signed by Koutz						
Betty Usry, Prod. Reporting Supry.					By Orig. Signary Paul Kautz						
Title					Title						
Date (817) 338-4043 Telephone No.					,,,,,						
		F		11							

a provide activity activity and all the complete in a time of the control of the 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
- 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