

Submit: 5 Copies
 Appropriate District Office
DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

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

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

I. 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. **6** Pool Name, Including Formation **Chaveroo San Andres** Kind of Lease **Federal** Lease No. **NM-0142393**
Jennifer, CSA Unit Sec. 20
 Location
 Unit Letter **F** : **1980** Feet From The **N** Line and **1980** Feet From The **W** Line
 Section **20** Township **7S** Range **34E**, NMPM, **ROO SEVELT** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Scurlock Permian Address (Give address to which approved copy of this form is to be sent) _____
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Tribent NGL Address (Give address to which approved copy of this form is to be sent) _____
 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 from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>								
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/MCF _____ 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** Prod. Reporting Suprv.
 Printed Name **Betty Usry** Title _____
 Date **09/18/91** Telephone No. **(817) 338-4043**

OIL CONSERVATION DIVISION
 Date Approved _____
 Signed by **Paul Kautz**
 By _____ Title **Geologist**

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.

RECEIVED

SEP 30 1991

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HOBBS OFFICE