ibrait 5 Copies ppropriate Dustrict Office I <u>STRICT 1</u> O. Box 1980, Hobbs, NM 88240		Energy, N		- Form C-104 Revised 1-1-89 See Instructions at Bottom of Page							
STRICT II D. Drawer DD, Artesia, NM 88210		OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088									
ISTRICT III OO RIO BRIZOS Rd., Aziec, NM 87410	HEQU				LE AND A AND NAT						
perator							Well A	PI No.			
Snyder Oil Company		<u> </u>					3	00412065	7		
ddress 801 Cherry Street, Su	uite 250	00	For	t Wort	h, Texa	s 76102					
leason(s) for Filing (Check proper box)						e (Please expl	ain)				
iew Well	Oil	Change in	Transport Dry Gas								
accompletion L	Casinghea	ud Caus 🔲	Condeas	_							
change of operator give name Na	tural Re	esource	e Mana	agement	Corpor			Jacinto	•	2600	
. DESCRIPTION OF WELL	AND LE	ASE				1	Jallas,	Texas 75	201		
ease Name		Well No.			ag Formation	······		of Lease Federal or Fee		e No.	
Archer 17		1	Cha	averoo	San And	res			0134	• /	
Unit LetterN	:3	30	_ Feet Fro	ma The <u>S</u>	outh Lim	and <u>1980</u>	Fe	et From The	West	L.ne	
Section 17 Towns	hip 7S		Range	34E	, N	IPM RO	osevelt	·····		County	
I. DESIGNATION OF TRA	NSPORTE	R OF O	IL ANI		RAL GAS		,				
Varme of Authorized Transporter of Oil		or Conde	asale		Address (Giv			copy of this for			
Name of Authorized Transporter of Oil X or Condensate Western Oil Transportation Oil Company Name of Authorized Transporter of Casinghaad Gas X or Dry Cas					P.O. Box 1183 Houston; Texas 77 Address (Give address to which approved copy of this form is to be						
Gities Service Oil &	-Gas-Co	rporat	ion Ö	XY NGI	P.O. Box 300 Tulsa, Oklaho						
f well produces oil or liquids, ive location of tanks.	للعند	<b>Sec.</b>	Twp. 75	34E	le gas actuell YE	y connected?	When	When ? 05/04/84			
this production is commingled with the					A.,		N/A	05/04/			
V. COMPLETION DATA											
		Oil We									
Decignate Type of Completio	n = (30)		n i c	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v 1	
Designate Type of Completio		1 api. Ready (		iaa Well	New Well Total Depth	Workover	Deepen	Plug Back	Same Res'v		
Date Spudded	Date Con	ppi. Ready (	io Prod.	Gas Well	Total Depth	İ	Deepen	P.B.T.D.			
Date Spudded	Date Con	1	io Prod.	iaa Well	1	İ	Deepen	i i			
Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.) Performions	Date Con	) npl. Ready ( Producing F	to Prod.		Total Depth Top Oil/Cas	 Pay	<u>i</u>	P.B.T.D.	2		
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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.All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

DISTRIBUTION						
SANTA FE		ONSERVATION COMM	NC	Poin C-104 Superseder Old C-104 and C-11 Etherhouse States		
FILE		AND		Effective 1-1-65		
LAND OFFICE	AUTHORIZATION TO TRA	INSPORT UIL AND I	ATURAL G	A5		
TRANSPORTER OIL						
GAS						
PRORATION OFFICE						
Operator						
Natural Resour	ce Management Corporation	<b>)</b>				
600 W: Illinoi	s, Suite 800 Midland, Te					
Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please		ame for NRM Petroleum		
Recompletion	Oil Dry Ga			tural Resource Management		
Change in Ownership	Casinghead Gas Conden	Corpora	tion effec	tive January 1, 1986.		
If change of ownership give name						
and address of previous owner						
DESCRIPTION OF WELL AND I	Viell No.; Pool Name, Including Fo	ormation	kind of Lease	Leane No.		
Archer 17	1 Chaveroo (San	Andres)	State, Federal	cr Fee Fee		
Location		•				
Unit Letter N ; 33	0 Feet From The South Lin	e and <u>1980</u>	Feet From T	heWest		
Line of Section 17 Tow	mship 7-S Range 3	34-E , NMPM	Roosev	relt County		
PROVINCE TRANSPORT	ER OF OIL AND NATURAL GA	c				
Name of Authorized Transporter of Oll	X     or Condensate	Address (Give address	o which approv	ed copy of this form is to be sentj		
Mobil Pipeline	Inghead Gas v or Dry Gas	201 W. Wall	Midland,	Texas 79701 ed copy of this form is to be sent)		
Nome of Authorized Transporter of Cas				)klahoma 74102		
Cities Service Oil and If well produces off or liquide,	Gas Corporation Unit Sec. Twp. Rge.	Is gas actually connect	ed? Whe	n		
give location of tanks.	<u>N 17 75 34E</u>			5-4-84		
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling orde	r rumb <b>er</b> :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Designate Type of Completio	n - (X)	Now Well Workover	Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completie	Date Compl. Ready to Prod.	Total Depth	r :	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
Perforations		<u></u>		Depth Casing Shoe		
	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SI		SACKS CEMENT		
HOLE SIZE						
	L					
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volu	ne of load oil a	ind must be equal to ar exceed-top-alicu-		
OIL WELL Date First New Oil Run To Tanks	able for this de	pih or be for full 24 hours Preducing Method (Flow		i, eic.)		
			ند — بر مر مر مر مر مر مر مر م			
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		
Actual Pred, During Test	Oil - Bble.	Weter-Bbls.		Gae-MCF		
GAS WELL Actual Fred, Test-MCF/D	Longth of Test	Bbla. Contensole/MMC	F	Gravity of Condensate		
•			-( - )	Choke Size		
Teating kiniked (pitot, back pr.)	Tubing Processe (Shui-1u)	Casing Pressure (Shut	-14)			
CERTIFICATE OF COMPLIANO	CE	OIL (		TION COMMISSION		
	-		SEP1	7 1986		
1 hereby certify that the rules and r Commission here been complied w	APPROVED					
above is true and complete to the	BY CONTRACTORIZED AND A TOTAL					
$\sim$	$\wedge$	TITLE	 			
				ompliance with RULE 1104,		
- Duy Di (Signa	udas	I wall this form rate	t be accomper	able for a newly dilled or deepened aled by a tabulation of the coviation		
Production Snalyst	0	tests taken on the All sections of	wall in accord this form mus	dance with RULE 111. at be filled out completely for allow-		
(Tit	le)	ebie on new and is	numpleted we	lls. 111, and VI for changes of owner,		
<u>1-20-86</u>	[+]	Well name of numbe	r, or transport	er, or other such change of condition.		