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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>[.</u>		TO TRA	ANSP	ORT OIL	AND NAT	URAL GA				·
Operator SNYDER OIL CORPORATION							Well A	Pl No.		
Address 777 Main St:	reet. S	Suite 2	2500.	Fort We	orth, TX	76102				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghea	Change in		orter of:		t (Please expla	in)			
If change of operator give name and address of previous operator	MURPH	IY OPEF	RATIN	G CORPO	RATION			··	-	
IL DESCRIPTION OF WELL	AND LE	ASE								
Lease Name Charloo Haley SA Unit Sec.	Well No. Pool Name, Including					es		(Lease Federal or Fed		ase No. 1083
Location Unit Letter F	1	980	_ Feat F	rom The	N Line	191 bee	80 Fo	et From The	W	Line
Section 3 Township	p 8	s	Range	3:	3E , N	лем,	-1	oosevel	-Chaves	County
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS					
Name of Authorized Transporter of Oil		or Conde				e address to wh	uich approved	copy of this f	orm is to be se	ni)
Name of Kuthonized Transporter of Casing	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 IV. COMPLETION DATA	from any od	her lease of	r pool, gi	ive commingl	ing order num	жг				
Designate Type of Completion	- (X)	Oil We	n	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					CEMENTI	NG RECOR	D.			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	 	.			<u> </u>			-		
V. TEST DATA AND REQUES										
IL WELL (Test must be after recovery of total volume of load oil and must ale First New Oil Run To Tank Date of Test					I be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			Gas- MCF		
GAS WELL	_1,			··	<u>!</u>			<u> </u>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my	lations of th I that the inf	e Oil Cons	ervation oven abo		Dat	OIL CON	ed			NÇ
Signature Betty Usry Prod. Report Sup.					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name 9-18-91	817	7/338-4	Tiue 4043		Title				+-4	

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 pool in multiply completed wells.