Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 Brizos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

I.	REC	TOTR	OF A N	SPO	AWO	BLEA	ND AUT	HOR	IZATI	ON					
Operator SNYDER OIL CORPORATION TO TRANSPORT OIL AND NATURAL GAS										Well API No.					
Address		<u>-</u>													
777 Main Street	, Suite	2500,	Ft	. Wo	rth,	TX 76	102								
Reason(s) for Filing (Check proper box) New Well		Change i	n Tra	ntrode	· of:		Other (Pla	ease exp	lain)	··					
Recompletion [7]	Oil		_	y Gas											
Change in Operator K If change of operator give name		ead Gas		adea sa u		······································							•		
and address of previous operator	MURPHY		ING	CORI	PORAT	CION									
IL DESCRIPTION OF WELL Lease Name Chavery	AND LI		1_												
Haley CSA Unit Sec.	3 Well No. Pool Name, Inch. 9 Chavero			, in clud reroo						of Lease NM-2019			Na		
Location I	10	200				0									
Unit Letter	_ : <i>[</i>	180	_ Fee	t From	The	_\$\(\pi\)	Line and	66	0	Feet	From The	ع_		Line	
Section 3 Towns	ip 85	· · · · · · · · · · · · · · · · · · ·	Rat	nge	33E	E	, NMPM,		han	es	ROOSEV	ELT		Camatu	
III. DESIGNATION OF TRAI	NSPORT	ER OF O	н.	AND P	JATT!	DAI C	4.0							County	
Name of Authorized Transporter of Oil Scurlock/Permian	X	or Conde	nsale			Address	(Give add	ess to wi	hich app	roved co	py of this	form is to	be sent)		
Name of Authorized Transporter of Casinghead Gas (A) or Day Gas						Box 1163 Houston, 1X					//251-1183				
If well produces oil or liquids,	L, Inc.					Box 300, Tulsa, OK 74					d copy of this form is to be sent) 102				
pive location of tanks.	Unit 	Sec.	Tw _j	p.	Rge.	ls gas ac	mally conn	ected?	1	When ?					
f this production is commingled with that	from any or	her lease or	pool,	give co	mming)	ing order	number:		!_						
V. COMPLETION DATA		Oil Well													
Designate Type of Completion		i	i	Cas 1	Well	New ¥	iell Wori	kover	Dœp 	∞n 1	Plug Back	Same R	es v Di	IT Res'v	
Date Spudded Date Compl.			Ready to Prod.				pth		·	F	B.T.D.	J			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil (Jas Pay				uhina Dan				
Perforations											Tubing Depth				
											epth Casin	g Shoe		**	
HOLE SIZE	-	TUBING,	CA.	SING	AND	CEMEN	TING R	ECORI	D						
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT				
	-														
. TEST DATA AND REQUES	T FOR A	LLOWA	BL	E	1			 -			·				
OLL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te	stal volume i	of loa	d oil an	d musi l	be equal u	or exceed	top allo	wable for	r this de	pih or be f	or full 24	hows.)		
	34 0. 10				ļ	riouncing	Method (F	low, pur	rp. gas i	lifi, etc.)					
ength of Test	Tubing Pressure					Casing Pressure					Choke Size				
ctual Prod. During Test	Oil - Bbls.					Water - Bbls				G	Gas- MCF				
7.0															
GAS WELL COURT Prod. Test - MCF/D	Length of	Teet			 ,	611. 2								·····	
	Length of Test					Bbis. Con	densate NIN	1CF		G	Gravity of Condensate				
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				a	Choke Size				
L OPERATOR CERTIFIC	ATE OF	COMP	. T A	NICE											
I hereby certify that the rules and regula	tions of the	Oil Consen	ation				OIL	CON	SER	VAT	ION [DIVIS	ION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											Winter Commencer				
Roll						Date Approved									
Signature Stay USA						By ORIGINAL SIGNED BY JERRY SEXTON									
Betty Usry Production Report Sup.					<u>. </u>	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							 -		
Printed Name Title 9-18-91 817/338-4043						Title									
Date Telephone No.															

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 root in the filed for each root in th