Submit 5 Copies
Appropriate District Office
DISTRICT | 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

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 TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Snow Oil and Gas, Inc. 30-025-27469 Address P.O. Box 1294, Andrews, Texas 79714 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: П Recompletion Dry Gas X Change in Operator Effective date 12/1/90 If change of operator give name and address of previous operator Chevron U.S.A. Inc., P.O. Box 1150, Midland Texas 79702 IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. Sinc Francial or Fee North Rock Lake Rock Lake North Morrow Location 1980 Feet From The North Line and 1980 . Unit Letter _ Feet From The _ Line Township 22 S 16 35 E Lea Range . NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate KX. P.O. Box 2436, Abilene, Texas 79604 Pride Pipeline Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) If well produces oil or liquids, Unit Sec Twp. When? Rge. is gas actually connected? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT HOLE SIZE . 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.) Choke Size Length of Test Casing Pressure Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bhis. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved ____ Soroc By_ Presio 915 Tille

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

9.15

Printed Name

Dale

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

with Rule 111. All sections of this form must be filled out for allowable on new and recompleted wells.

524

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION DISTRICT B P.O. Drawer DD, Astedia, NM \$8210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NIM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator		A110	r On I Oil	LANDIVA	TURAL G		API No.			
Chevron U.S.A.,				0-025-27469						
P. O. Box 670.	Hobbs, New M	ex i	co 8824	0						
Resease(s) for Piling (Check proper box)					er (Please expl	sin)				
New Well		-	sporter of:		•	·				
Recompletion		Dry		EH	FECTIVE	DATE -	1-1-90			
	Chainghead Gas	1 (dananta _g ,[∨1]	Transport				(₂) -		
if custs operator give name and address of previous operator			The second secon					· · · · · · · · · · · · · · · · · · ·		
IL DESCRIPTION OF WELL Lease Name		 -							•	
North Rock Lake	Well No.	Name, Inchedi ck Lake	- ,			of Lease Pederal or Fee				
Unit LetterG	:_1980	Fact	From The A	acth in	19	Pn -		4	L	
Section /6 Townshi	_	Ran		_	MPM,	Lea		Easi	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF C	IL A	ND NATU	RAL GAS				7		
					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2436, Abilene, Texas 79604					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Well produces oil or liquids, Unit Sec. Two. Rec.				1504/492. El Yash Jx 79999					999	
give location of tanks,	Unit Sec.	2 35	Is gas actually connected? When			7 - 7 0 -				
If this production is commingled with that	from any other lease or	pool,	give comming	ing order ourn	<i>(2)</i> ber:		/-27	82		
IV. COMPLETION DATA				· · · · · · · · · · · · · · · · · · ·						
Designate Type of Completion	- (X)	1	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Data Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations				<u></u>				z.r ·		
						•	Depth Casing	Shoe		
	CEMENTING RECORD			<u> </u>	 					
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SA	SACKS CEMENT		
I throat him in the			·				 			
V. TEST DATA AND REQUES OIL WELL (Test must be offer to	T FOR ALLOW	ABL	E						J	
Date Elect New Oil Bur III . II . II .					be equal to or exceed top allowable for this depth or be for full 24 hours.)					
	Date of 168		Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure		Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.			Gas- MCF				
GAS WELL							L			
ctual Prod. Test - MCF/D Length of Test				Bbis. Condens	nie/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shu		Casing Pressure (Shut-in)			Choks Size				
VI. OPERATOR CERTIFIC	ATT OF CO: =						<u></u>			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula	ATE OF COMP	'LIA	NCE		III CON	SEDV	TION	N/10101		
UTVINCE RETT POSS COMMISSED With and it	first the information alw	e s ap o. Asmos	ve 3		VIL COIN	SERVA	ATION D	1412101	N	
is true and complete to the best of my in	nowledge and belief.		i	Deta	Approved		.IAN	1 0 19	90	
_ lemann			•	Jail	WALL GARC				7.7.	
Signature				Orig. Signed by Paul Kautz						
Printed Name	NM Area Pro	d. S	supt.		•		Geologist			
12-22-89 Date	(505) 39:		21	Title_			·			

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.

5) Pill 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.