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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-111
Effective 1-1-65

Operator Chapman & Schneider		
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, N M 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change In Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Effective 9/1/77
Recompletion ☐		
Change In Ownership ☒		

If change of ownership give name and address of previous owner **Sidney Lanier, P. O. Box 763, Hobbs, N M 88240**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Woolworth	Well No. 1	Pool Name, including Formation Jalmat-Yates SR	Mind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East
Line of Section 26	Township 24S	Range 36E	N.M.P.M.	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79928	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 36
	Twp. 24S	Rge. 36E
	Is gas actually connected? Yes	When 8/6/62

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 Rest'n	Perf. Rest'n
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.D.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 lead 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 Tanks	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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

CHECKED BY: DONNA HOLLER

(Signature)

Agent

(Title)

9/20/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the results of tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new or re-completed wells.

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