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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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-11
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)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective 9/1/77

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

IC-032618 (A)

II. DESCRIPTION OF WELL AND LEASE

Lease Name I. B. Ogg "A"	Well No. 2	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee Federal	Lease No. above
Location Unit Letter B ; 600 Feet From The North Line and 1980 Feet From The East Line of Section 35 Township 24 S Range 36 E , 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 K	Sec. 35	Twp. 24S	Rge. 36E	Is gas actually connected? Yes	When 10/20/61

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	Some Rest'n	Full 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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Daily 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	Lbls. Condensate/MCF	Gravity of Condensate
Testing Method (plug, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

ORIG. SIGNED BY: DONNA HOLLER

(Signature)

Agent

(Title)

9/20/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 21 1977**, 19

BY **Orig. Signed by**
John Sexton

TITLE **Asst. Dir.**

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

If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a calculation of the allowable for this well in accordance with RULE 111.

All entries on this form must be filled out completely for allowable to be calculated.

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