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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-101 and C-11
Effective 1-1-65

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

10-032618 (A)

Lease Name I. B. Ogg "A"	Well No. 6	Pool Name, Including Formation Jalmat Gas	Kind of Lease State, Federal or Fee Federal	Lease No. above
Location Unit Letter B ; 330 Feet From The North Line and 1650 Feet From The East Line of Section 35 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 ☒	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 ☒	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 collected? Yes When 6/12/68	

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	Seal Rest'n.	Perf. Rest'n.
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 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)

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/24	Length of Test	Lbbs. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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

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BY

TITLE

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

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

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

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