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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.					
Snyder Oil Corporation 21042								30-039-22006					
Address 1625 Broadway, S	uito 2	200 Da	20176	r Co s	20202			•			ļ		
Reason(s) for Filing (Check proper box)	uite 2.	200, De	III V C	1, 00. 0		ves (Please exp	plain)			······································			
New Well	Change in Transporter of:												
Recompletion	Oil	Ī	Dry C	348 🔲				,	1				
Change is Operator													
If change of operator give same and address of previous operator Arco	Oil an	d Gas	Comp	any, 18	16 E. Mc	jave, F	arm	ingto	n, N.M.	87401			
						<u> </u>			-, 1 -, 2 -, 2 -, -, -		· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL Leage Name	MIND LE				ling Formation 39/89 Kind o				of Lease Lease No.				
Jicarilla 10257					Gallup Dakota, West		Onto Redond on Rea		_	JIC111			
Location			<u> </u>		·····						·		
Unit Letter F	19	920	Feet 1	From TheN	lorth Li	o and	1650	Fe	et From The	West	Line		
_	0/1			/ * 1					o Arriba	3.			
Section 6 Township	2-41	. 1	Range	411	^	MPM,					County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil													
Name of Authorized Transporter of Oil		ress (Give address to which approved copy of this form is to be sent)											
Meridian Oil Company P. O. Box 4289, Farmington, N. M. 87499 Name of Authorized Transporter of Casinghead Gas To Dry Gas Address (Give address to which approved copy of this form is to be sent)													
Name of Authorized Transporter of Casing													
If well produces oil or liquida,	El Paso Natural Gas Compan				P. O. Box 4990, Farmi								
ive location of tanks.				:	Yes				'				
If this production is commingled with that from any other lease or pool, give commingling order number:													
IV. COMPLETION DATA		10			(N	(m/ 4	_,,		l	<u> </u>	- him n		
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	4)eepes	l Ling Rock	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth				P.B.T.D.				
Fluoring (DE RES RE CR. 44) Name of Probation Formation					Top Oil/Ges Pay				Tables Deets				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formstion					Top our out tay				Tubing Depth				
Perforations									Depth Casis	g Shoe			
					· 				<u> </u>				
TUBING, CASING AND													
HOLE SIZE CASING & TUBING SIZE				SIZE	DEPTH SET			SACKS CEMENT					
	 								 				
								 					
													
V. TEST DATA AND REQUES	T FOR /	LLOW	ABLE	2	l						· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after re	covery of K	stal volume	of load	oil and must	be equal to or	exceed top at	lowab	le for this	depth or be	forfull 24 ha	m)		
Date First New Oil Rua To Tank	Date of Te	4			Producing M	ethod (Flow, p	purip,	gas lift, e	rc) ()		ê 6 U 🕮		
								Choke Size	<u>.</u>				
Length of Test	Tubing Pressure				Casing Pressure				Caone Size	NOV	5 1993		
ctual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF	VIII ("1"	VICE 12			
								OIL CONT. DIV					
GAS WELL	L				!		-		- *,)1. 0		
Actual Prod. Test - MCF/D	Leagth of Test			Bble. Condensate/MMCF				Gravity of C	Gravity of Condensate				
										Mindelina (1, 198)			
lesting Method (pitot, back pr.)	Tubing Pre	seaure (Shut	-12)		Casing Press	use (Shut-in)			Choke Size				
	<u></u>				¦				<u> </u>				
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above						NOV - 5 1993							
is true and complete to the best of my knowledge and belief.					11								
$\mathcal{L}_{\mathcal{L}}$						Date Approved							
Miles Laure						Buil) Chang							
Signature Terry L. Savage, Attorney-in-Fact						SUPERVISOR DISTRICT #3							
Prised Name	This		3	J: L.N	THOUSE D	.5 i mi01	. •						
10/29/93		(303)			Title								
Date / /		Tele	phone i	No.	ll								

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 pool in multiply completed wells.