

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 Snyder Oil Corporation	Well API No. 30-039-22104
Address 1625 Broadway, Suite 2200, Denver, Co. 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	EFFECTIVE DATE <u>11/1/93</u>
If change of operator give name and address of previous operator <u>Arco Oil and Gas Company, 1616 E. Mojave, Farmington, N.M. 87401</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No. 108	Pool Name, Including Formation Lindrith Gallup Dakota, West	Kind of Lease State, Federal or Fee	Lease No. JIC111
Location Unit Letter <u>K</u> : <u>2150</u> Feet From The <u>South</u> Line and <u>1600</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>24N</u> Range <u>4W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Company <u>487810</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 256, Farmington, N. M. 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company <u>642830</u>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, N. M. 87499
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>5</u> Twp. <u>24N</u> Rge. <u>4W</u> Is gas actually connected? <u>Yes</u> When?

If this production is commingled with that from any other lease or pool, give commingling order number: 487850

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>		
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 Net Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	NOV 15 1993 OIL CON. DIV. DMR
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pirog, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Kay S. Eckstein
Printed Name KAY S. ECKSTEIN ENGINEERING TECH.
Date 11/12/93 Telephone No. (505) 632-8056

OIL CONSERVATION DIVISION

NOV 15 1993

Date Approved _____
By Brian J. Shoup
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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-101 must be filed for each pool in multiply completed wells.