

## 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. 30-039-22155
Address 1625 Broadway, Suite 2200, Denver, CO 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
EFFECTIVE DATE 11/1/93	
If change of operator give name and address of previous operator Artesia Oil and Gas Company 1816 E. Mojave Farmington, N.M. 87401	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla	Well No. 110	Pool Name including Formation Linda in Gallup Dakota, West	Kind of Lease State, Federal or Fee	Lease No. JLC111
Location Unit Letter A : 650 Feet From North Line and 650 Feet From The East Line Section 6 Township 24N Range 4W 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 Giant Refining Company 482810	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 El Paso Natural Gas Company 482830	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 A	Sec. 5	Twp. 24N	Rge. 4	Is gas actually connected? Yes	When?

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 Res'v	Diff Res'v
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 Flow Oil Run To Tank	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/MMCF	Gravity of Condensate
Testing Method (pilot, 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 E. Eckstein  
Printed Name KAY E. ECKSTEIN Title ENGINEERING TECH.  
Date 11/12/93 Telephone No. (505) 632-8056

### OIL CONSERVATION DIVISION

Date Approved NOV 15 1993

By [Signature]  
Title SUPERVISOR DISTRICT 13

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) The same form of this form must be filed for each well, even if only one well is completed.