Submit 5 Copies
Appropriate District Office
DISTRICT I 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Operator Casinghead Gas Condensate Columbus Energy Corp. P.O. Box 2038, Farmington, NM 8 and address of previous operator M. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Condensation Kind of Lease Lease Name	37499
Snyder Oil Corporation Address 1801 California St. Ste 3500, Denver, CO 80202 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Operator Change in Operator Condensate Condensate Columbus Energy Corp. P.O. Box 2038, Farmington, NM 8 and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Name	37499
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Operator Change in Operator Change in Operator Change in Operator Change in Operator of: Change in Operator of: Change in Operator of: Change in Operator Columbus Energy Corp. P.O. Box 2038, Farmington, NM 8 and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Name	37499
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Operator Casinghead Gas Condensate Columbus Energy Corp. P.O. Box 2038, Farmington, NM 8 and address of previous operator M. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Name	37499
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator X Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Name	37499
Recompletion Oil Dry Gas Change in Operator Change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease Name	37499
Change in Operator	37499
I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease N. Lease Name	37499
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease N.	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease N	
Lease Name Well No. Pool Name, Including Formation Kind of Lease	
Lease Name Well No. 1700 Ivania, increasing I orinated	o.
$P \rightarrow P \rightarrow$	527A
CHAMPLIN 5 5 Tapacito PC Federal 82-0/95	
Location K 1650 - South Lines 1850 Feet From The West	Line
Unit Letter K: 1650 Feet From The South Line and 1850 Feet From The West	une
25 Table 27N Range 04W NMPM, RIO ARRIBA Co	ounty
Section 25 Township 27N Range 04W NMPM, RIO ARRIBA CO	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
	499
Giant Refinery P.O. Box 256, Farmington, NM 8/ Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)	
The distribution of the state o	8 7
Northwest Pipeline Corp 3935 = 3017 Sp., Farmington, Nr. If well produces oil or liquids, Unit Sec. Twp. Rgs. Is gas actually connected? When ?	,
give location of traks.	
If this production is commingled with that from any other lease or pool, give commingling order number:	<u> </u>
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION 1007	
to a late of the following shows the first the	
is true and complete to the best of my knowledge and belief. Date Approved	
Division have been complete to the best of my knowledge and belief. Date Approved Date Approved	
Patiena billatoi Sul Sthill	
SUPERVISOR DISTRICT	
	7 J
Printed Name Title Title	
T. Land Maria	
Date Telephone (40.	

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.



NOV 2 6 1990

OIL CON. DIV. DIST. 3