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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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSF	PORT OIL	AND NA	TURAL G	AS Lui	oll 4	PI No		<del></del>	
Operator SNYDER OIL CORPORATION						Weil API No. 30-045-21674						
Address												
1801 CALIFORNIA ST	., STE	3500	), D	ENVER,			-:-1			<del></del>		
Reason(s) for Filing (Check proper box) New Well		Change_in	Transi	porter of:		es (Please expl	аиту					
Recompletion	Oil		Dry (									
Change in Operator		d Gas 🔲		ensate 🔲								
if change of operator give name	··											
II. DESCRIPTION OF WELL	ANDIE	ACE								•		
Lease Name	ing Formation			nd of	Lease	L	ease No.					
Apperson	on 1 Basin					Dakota			ederal or Fee	2		
Location	105					3.0	<b>5</b> ^					
Unit LetterK	_ : 185		Feet I	From The _S	outh Lin	e and18	50	. Fee	t From The	west	Line	
Section 30 Townsh	ip 30N	<del></del>	Range	llW	, N	MPM, S	an Ju	an	·		County	
III. DESIGNATION OF TRAN				ND NATU	RAL GAS						-1	
Name of Authorized Transporter of Oil  Rloomfield Rofinin	CO (	or Conder	0	1/2/50 43	P.O.	e address to wi	<i>nich appro</i> Blo	wed a	field,	ormusio be se NM87	מה 413	
Bloomfield Bofining Co GARY ENERGY Name of Authorized Transporter of Casinghead Gas  XX or Dry Gas						Address (Give address to which appr. ved copy of this form is to be sent)						
El Paso Natural Ga	-				P.O. Box 1492,			El Paso, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit K	'		Rge.	is gas actually connected?			When?				
f this production is commingled with that			L		ye:	<del></del>	L	- IN	<u> </u>	<del></del>	<del></del>	
V. COMPLETION DATA	non any oar		, <u>,</u>	rve consumg.			· · · · · · · · · · · · · · · · · · ·					
Designate Type of Completion	(V)	Oil Well	Ţ	Gas Well	New Weil	Workover	Deeper	n	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - (X)  Le Spudded Date Compl. Ready to Prod.					Total Depth			\	P.B.T.D.	<u></u>	1	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth							
Perforations									Depth Casin	g Shoe		
		TIDING	CAS	INC. AND	CEMENTI	NG PECOR	D.					
HOLE SIZE	- <del> </del>	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT				
	<u> </u>					<del></del>				<del> </del>	·	
	-											
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	<u> </u>								
IL WELL (Test must be after t			of load	oil and must						for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lyt, etc.)						
Length of Test	Tubing Pressure				Casing Press	a EC	E   V		Choke Size			
					ř		March					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bill NOV1 91			Gas- MCF			
GAS WELL	<u> </u>				L_,	OIL C			V		<del> </del>	
Actual Prod. Test - MCF/D	Length of	Length of Test				OIL C	107 B	•	Gravity of C	Condensate	· · · · · ·	
_		•				70	igi. ¥			<del></del>		
Festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COME	LIA	NCE		N 00:	10==		TIOS	DN (1016		
I hereby certify that the rules and regul					(	DIL CON	12FH	VA	HON	אואוט	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						_			NO	V 1 9 199	3ú	
A (1					Date	Approve	d					
Tatricia Toopon					<sub>D.</sub> ,			-2	لمندك	$\mathcal{O}$		
Signature Patricia Tognoni Engineering Tech					By_			SL	IPERVIC.	OR DISTR	<del>{</del>	
Printed Name			Title	10011	Title			-		UN DISTR	HCT #3	
9/1/90 Date	303 29			Nh	1						<del></del>	
		l el	ephone	INO.	][							

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 tes: iken in accordance
- 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

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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