Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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			_		LE AND AUTHOR		
I		TO TRA	NSPO	RT OIL	AND NATURAL (
Operator Snyder Oil Corpora				1070200	Weil API No. 1070200		
Address 1801 California St	t. Ste	3500	, Der	nver,			
Reason(s) for Filing (Check proper box)					Other (Please ex	plain)	
New Well		Change in	•	er of:			
Recompletion	Oil		Dry Gas	닏			
Change in Operator		d Gas					
If change of operator give name and address of previous operator	olumbu	s Ene	rgy (Jorp.	P.O. BOX 2	2038, Farmingto	n, NM 87499
II. DESCRIPTION OF WELL	AND LE	ASE					
Lease Name		Well No.	ı		g Formation	Kind of Lease	Lease No.
STARR 1	:	1	Bas.	in Da	kota	Federal	82-078707
Location Unit LetterN	_ :11	85	Feet From	m The S	outh Line and 12	195 Feet From The _	West Line
Section 13 Townsh	ip 31	N	Range	13'	M , NMPM,	SAN JUAN	County
III. DESIGNATION OF TRAI	SPORTE	R OF O	IL AND	NATUI	RAL GAS		
Name of Authorized Transporter of Oil		or Condex		X		which approved copy of this for	
Giant Refinery					P.O. Box 256, Farmington, NM 87499		
Name of Authorized Transporter of Casis	ighead Gas		or Dry G		·	which approved copy of this for	i
Sunterra Gas	Gather	ing C	<u> </u>	- -	P.O. Box 18	899, Bloomfield	i, NM 87413
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected	? When?	
give location of tanks.		l	<u> </u>	L	No	l	
If this production is commingled with that	from any of	ner lease or	pool, give	commingli	ng order number:	· · · · · · · · · · · · · · · · · · ·	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION		
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved NOV 2 8 1990		
Otrin Sin	uni ko	n si	R.C.			311	
Signature Patricia Tognoni Engr Tech					SUPERVISOR DISTRICT #3		
Printed Name . 10/01/90		303-	Tide -292-	9100	Title	-21 FUAISON DIS	TRICT #3
Date		Tek	ephone No).			

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.

