

Submit 5 Copies  
Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>Snyder Oil Corporation</b>		Well API No. <b>1107200</b>
Address <b>1801 California St. Ste 3500, Denver, CO 80202</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <b>Columbus Energy Corp. P.O. Box 2038, Farmington, NM 87499</b>		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>BAIRD</b>	Well No.	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease <b>Federal Fee</b>	Lease No.
Location				
Unit Letter <b>H</b>	: <b>0</b>	Feet From The <b>North</b>	Line and <b>0</b>	Feet From The <b>East</b>
Section <b>04</b>	Township <b>31N</b>	Range <b>13W</b>	<b>NMPM, SAN JUAN</b>	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 256, Farmington, NM 87499</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.	Rge.	Is gas actually connected? <b>No</b>	When? <b>12</b>

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

**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 *Patricia Tognoni*  
Printed Name **Patricia Tognoni** Title **Engr Tech**  
Date **10/01/90** Telephone No. **303-292-9100**

**OIL CONSERVATION DIVISION**  
**NOV 27 1990**

Date Approved \_\_\_\_\_  
By *[Signature]*  
Title **SUPERVISOR DISTRICT #3**

**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.

**RECEIVED**  
**NOV 27 1990**  
**OIL CON. DIV.**  
**DIST. 3**