Bubmit 1 Copies
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 86240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL	AND NATURAL GAS
Operator Snyder Oil Corporation	Well API No. 1313700
Address 1801 California St. Ste 3500, Denver, CO 80202	
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Caninghead Gas Condenuate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name KLINE + * Well No. Pool Name, Including Blanco No.	Other (Please explain) P.O. BOX 2038, Farmington, NM 87499
Location G 1850 Feet Prom The Prom The Line and Line and Line and Section 1550 Feet From The East Line Section 10 Township 31N Range 13W NMPM, SAN JUAN County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Norm of Authorized Transporter of Oil or Condensate Authorized Transporter of Oil or Condensate Authorized Transporter of Oil or Or Condensate Oil	
Name of Authorized Transporter of Oil or Condensate X Giant Refinery	P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Sunterra Gas Gathering Co.	Address (Give address to which approved capy of this form is to be sent) P.O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, Unit Sec. Twp. Rgs. pive location of tanks. G 10 31N 1.39	Is gas actually connected? When ?
If this production is commingled with that from any other lease or pool, give comming	ing order number: 4/83 DHC 375
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 self knowledge and belief.	Date Approved NOV 2 1 1990
Signature Patricia Tognoni Engr Tech	By.
Pristed Name 10/01/90 303-292-9100	Title SUPERVISOR DISTRICT #3
Date Telephone 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.

RECEIVED NOV21 1990

OIL CON. DIV. DIST. 3