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 Brizos Rd., Aziec, NM 87410

			BLE AND AUTHORIZAT	ION	
I.	TOTR	ANSPORT OIL	AND NATURAL GAS		
Operator Snyder Oil Corpor	ation		Weil API No. 2551400		
Address 1801 California S	st. Ste 350	0, Denver	, CO 80202		
Reason(s) for Filing (Check proper box)			Other (Please explain)		
New Well	Change i	n Transporter of:			
Recompletion	Oil [Dry Gas			
Change in Operator	Casinghead Gas	Condensate .			
If change of operator give name and address of previous operator	columbus En	ergy Corp	. P.O. Box 2038	, Farmingtor	n, NM 87499
II. DESCRIPTION OF WELL	AND LEASE		WC		
Lesse Name PAYNE_4	Well No		ruitland	Kind of Lesse Federal	Lesse No. 82-078464
Location	1				
Unit Letter P	: 910	_ Feet From The _	South Line and 880	Feet From The	ast Line
Section 35 Towns	nin 31N	Range 1	3W , nimpin. S	AN JUAN	County
III. DESIGNATION OF TRA			RAL GAS Address (Give address to which a	de la companya de la	is to be send
Name of Authorized Transporter of Oil	or Cond				
Giant Refiner				Farmington,	
Name of Authorized Transporter of Casi		or Dry Gas 💢	Address (Give address to which approved copy of this form is to be sent)		
Sunterra Gas		<u> </u>	P.O. Box 1899,		<u>NM 87413</u>
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When?	" . "
give location of tanks.			Yes	<u> </u>	
If this production is commingled with the	t from any other lease of	r pool, give comming	ling order number:		
VI. OPERATOR CERTIFIC			OIL CONSERVATION DIVISION		
Division have been complied with an is true and complete to the best of my		iven above	Date Approved NOV 2 8 1990		
Atricia-In	man by 2	HM	By	3.119	1
Signature Patricia Tog	gnoni (/Eng	r Tech	Title SUPERVISOR DISTRICT #3		8
Printed Name 10/01/90		Tide 3-292-9100	Title	OULTHVISOR D	ISTRICT #3
Date	Te	elephone No.	H		

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.

