Submit 5 Copies
Appropriate District Office
DISTRICT P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Lyawer DD, Artesia, NM 38210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| TO TRANSPORT OIL AND NATUR | IALGAS |
|--|--|
|)rerator | Weil API No. 2557400 |
| Snyder Oil Corporation | 2537400 |
| Address 1801 California St. Ste 3500, Denver, CO 8020 | |
| Reason(s) for Filing (Check proper box) Other (Pl | ease explain) |
| Van Wall Change in Transporter of: | |
| Recompletion Oil Dry Gas U | Thomas only |
| Change in Operator Casinghead Gas Condensate | Change Cruy OX 2038, Farmington, NM 87499 |
| If change of operator give pame | UX 2038, Parlitting Cort, Title 37.100 |
| and address of previous operator | |
| II. DESCRIPTION OF WELL AND LEASE | Kind of Lease Lease No. |
| Lesen Name, Including Politicality | Federal 82-078464 |
| CAIN 2 2 (UC PC | Tederat OZ 37373 |
| Location | 790 Farm East line |
| Unit Letter H 1520 Feet From The North Line and | 790 Feet From The Last Line |
| Unit Least | CAN HAAN County |
| Section 25 Township 31N Range 13W NMPM | , SAN JUAN |
| The same of the sa | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | dress to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Oil or Condensate Address (Give do | |
| Giant Dofinery | dress to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Cataligness Cas | |
| SUIT GET | pregent? When / |
| If well produces on or induces, | 1 |
| give location of tanks. | |
| If this production is commingled with that from any other lease or pool, give commingling order number: | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL | L CONSERVATION DIVISION |
| I hereby certify that the rules and regulations of the Oil Conservation | NOV 2 6 1990 |
| Division have been complied with and that the information given above | |
| is true and complete to the best of my knowledge and belief. Date A | pproved |
| tities i lignan fulfille By | But) Chang |
| Signature Patricia Tognoni Engr Tech | SUPSAVISOR DISTRICT #3 |
| Disease Name Title Title | • |
| 10/01/90 303-292-9100 | |
| 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.

NOV 2 6 1990 OIL CON. DIV. DIST. 3

