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 Pige

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO	TRANSPO	ORT OIL	AND NATURAL GAS			
Operator Snyder Oil Corpora	tion			Well API No. 2588100			
Adda (1801 California St	. Ste 3	500, D€	enver,	CO 80202			
Reason(s) for Filing (Check proper box)				Other (Please explain)			
New Well	Ch	ange in Transpo	rter of:		•		
Recompletion	Oil	Dry Ga					
Change in Operator	Casinghead Go						
If change of operator give name and address of previous operator	lumbus	Energy	corp.	P.O. Box 2038	, Farmingto	n, NM 8	7499
II. DESCRIPTION OF WELL A	AND LEASI	E					
Lease Name LEEDS JE Well No. Pool Name, Including Kell No. Pool Name, Including					Kind of Lease	Lease No	۸.
				Gallup	Federal	29-0211	23
Location E Unit Letter	:1600	Feet Fr		orth Line and 1000	Feet From The	West	_Line
Section 08 Township	, 31N	Range	12	W , NIMPM, S	AN JUAN	Coi	unty
Giant Refinery				RAL GAS Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company				P.O. Box 4990, Farmington, NM 87499			
If well produces oil or liquids,	Unit Se		Rge.	is gas actually connected?	When ?	,	499
give location of tanks.	1	- r	1	Yes	10/17/85		
If this production is commingled with that f	rom any other k	ease or pool. giv	ve comminel		110/-1//03		
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				OIL CONSERVATION DIVISION			
is true and complete to the best of my knowledge and belief.				Date Approved NOV 2 6 1990			
Signature Patricia Tognoni Engr Tech				By			
Pristed Name 10/01/90 303-292-9100			Title SUPERVISOR DISTRICT #3				
Date		Telephone N	lo.				

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.

