P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

DISTRICT II
P.O. Drawer DD, Artenia, NM \$2210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS	
Assessing	Well API No. 548300
Snyder Oil Corporation	348300
Address	00000
1801 California St. Ste 3500, Denver, CO 80202	
Reason(s) for Filing (Check proper box) Other (Please explain)	
New Well Change in Transporter of:	
Recompletion Oil Dry Gas	
Change in Operator Caringheed Ges Condensate	
If change of operator give same Columbus Energy Corp. P.U. Box 2038, Farming Cort, NH 67433	
and address of pervious operator	
IL DESCRIPTION OF WELL AND LEASE	
Well No. Pool Name, Including Forms	tion Kind of Lease No. Lease No. 21-001372
NAVAJO 3 Basin Dakota	Navajo 21-0013/2
I 1850 The SOUCH Line and 110 Feet From The Line	
0.411 111411	
Section 11 Township 25N Range 10W	NMPM, SAN JUAN COUNTY
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS No. of Condenses (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Off Condensate (A)	(Other and and the white approved copy of the John of
GIANCINGI IIIGI I), DUX 200; I a ming 9
Address	Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico P.C	7. BOX 10331 5:30:11
If well produces oil or liquids, Unit Sec. Twp. Rgs. is gas a	ctually connected? When I was a war was a war was a war was a war war war war war war war war war w
give location of tents. T 11 25N 10W	Yes
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	OIL CONSERVATION DIVISION
Printed have been generaled with and that the information gives shows	
is true and complete to the best of my providege and belief. Date Approved NOV 2 7 1990	
The state of the s	74.5 · Pp. 6 · 6 ·
Titule of fiche la fair.	
	SUPERVISOR DISTRICT #0
Pristed Name 10/01/90 303-292-9100	fitle Sorthvison 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.

