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

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWARI F AND AUTHORIZATION

HEC		AND MATURAL CAC	ON	
l	TO THANSPORT OIL	AND NATURAL GAS	Well API No.	
Snyder Oil Corporation	1		1086600	
Address 1801 California St. St	ce 3500, Denver,	CO 80202		
Reason(s) for Filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion Oil	Dry Gas			
	head Gas Condensate	5 5 5 555	·	
If change of operator give name CO 1 umb and address or previous operator	ous Energy Corp.	P.O. Box 2038,	Farmingto	n, NM 87499
II. DESCRIPTION OF WELL AND L	EASE			
Lease Name OWEN	Well No. Pool Name, Including Formation Blanco Mesaverde		Kind of Lease Federal	Lease No. 82-078243
Location M :	990 Feet From The	outh Line and 990	Feet From The	West Line
Section 07 Township	31N Range 12	W , NMPM, SA	NAUL NA	County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATU	RAL GAS		
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	proved copy of this form	is to be sent)
Giant Refinery		P.O. Box 256, F	armington,	NM 87499
Name of Authorized Transporter of Casinghead Ga	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Ga	P.O. Box 4990,	Farmington	, NM 87499	
If well produces oil or liquids, Unit	Sec. Twp. Rge.	Is gas actually connected?	When?	A STATE OF THE PERSON NAMED OF THE PERSON NAME
give location of tanks.	1 07 1 31NL 12W	Yes		
If this production is commingled with that from any	other lease or pool, give comming	ing order number:		
VI. OPERATOR CERTIFICATE (1 hereby certify that the rules and regulations of	OIL CONSERVATION DIVISION			
Division have been complied with and that the is is true and complete to the best of my knowledge	Date Approved NOW 2-8-1990			
- Orther ognow	By	3 1 8	1	
Signature Patricia Tognoni	Engr Tech		110000	, and the second
Printed Name 10/01/90	303-292-9100	Title	UPERVISOR BI	STRICT \$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.

