

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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PROMOTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

**RECEIVED**

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **SNYDER OIL CORPORATION**

Address **P.O. BOX 2038, FARMINGTON, NEW MEXICO 87499**

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain): Change of well name to meet ONGARD requirements.
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>JACQUEZ COM</b>	Well No.   Pool Name, including Formation <b>2   BASIN DAKOTA</b>	Kind of Lease State, Federal or Fee <b>*** Federal Fee</b>	Lease No. ---
Location			
Unit Letter <b>K</b> : <b>1730</b> Feet From The <b>S</b> Line and <b>1740</b> Feet From The <b>W</b>			
Line of Section <b>2</b> Township <b>31N</b> Range <b>13W</b> NMPM, <b>SAN JUAN</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>GIANT REFINING COMPANY</b>	<b>P.O. BOX 256, FARMINGTON, NM 87499</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>EL PASO NATURAL GAS COMPANY</b>	<b>P.O. BOX 990, FARMINGTON, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rgs. Is gas actually connected? When
	<b>K 2 31N 13W Yes</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)  
**Production Technician**  
(Title)  
**October 14, 1993**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 15 1993**, 19 \_\_\_\_\_

BY \_\_\_\_\_

TITLE **Supervisor**

**SUPERVISOR DISTRICT 104**

This form is to be filed in compliance with **AR 1104**.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.