Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artenia, NM 88210

## 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

TO TRANSPORT OIL	AND NATURAL GAS				
Operator Snyder Oil Corporation	Well API No. 2432000				
Address 1801 California St. Ste 3500, Denver,					
Reason(s) for Filing (Check proper box)	Other (Please explain)				
New Well Change in Transporter of:					
Recompletion Oil Dry Gas					
Change in Operator Casinghead Gas Condensate	P.O. Box 2038, Farmington, NM 87499				
If change of operator give parms and address of previous operator	P.O. Box 2038, Farmington, Nm 87499				
II. DESCRIPTION OF WELL AND LEASE	Frametics Kind of Lease Lease No.				
Lease Name Well No. Pool Name, Including	Pointagod				
STARR 1M   M Blanco Me	saverde				
Location	orth 1850 - West				
Unit Letter C: 990 Feet From The NO	Line and Feet From The Line				
Section 13 Township 31N Range 13V	N NMPM, SAN JUAN County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR  Name of Authorized Transporter of Oil or Condensate  Giant. Refinery  Name of Authorized Transporter of Casinghead Gas or Dry Gas  Sunterra Gas Gathering Co.  If well produces oil or liquids, Unit Sec. Twp. Rgs.	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)  P.O. Box 1899, Bloomfield, NM 87413  Is gas actually connected? When?				
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  I hereby certify that the rules and regulations of the Oil Conservation	OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	Date Approved NOV 2 8 1990				
Attion much Spile	By				
Printed Name  Patricia Tognoni Engr Tech  Printed Name  Title	Title SUPERVISOR DISTRICT #3				
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.



OIL CON. DIV.

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