

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Snow Oil & Gas, Inc.		Well API No. 30-015-00565
Address P.O. Box 1277, Andrews, Texas 79714		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Re-entry		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Duffield	Well No. #1	Pool Name, Including Formation Duffield (Penn)	Kind of Lease <input checked="" type="checkbox"/> Federal or <input checked="" type="checkbox"/>	Lease No. NM 77988
Location Unit Letter K : 1980 Feet From The S Line and 1980 Feet From The W Line Section 21 Township 16S Range 27, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
Gas Co. of New Mexico	Alvarado Sq. Albuquerque, NM 87518-2612	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 21
	Twp. 17	Rge. 27
	Is gas actually connected? <input checked="" type="checkbox"/> When? June 25, 1993	
If this production is commingled with that from any other lease or pool, give commingling order number:		

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						X
Date Spudded 5-7-93	Date Compl. Ready to Prod. 5-31-93		Total Depth 8792'		P.B.T.D. 8792			
Elevations (DF, RKB, RT, GR, etc.) DF 3573	Name of Producing Formation Morrow		Top Oil/Gas Pay 8560'		Tubing Depth 8493			
Perforations 8560-72, 8616-47, 8690-8715 (69', 71 holes)					Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13"	274	275 SX CIRC
12 1/4	9 5/8"	1381	875 SX Post ID-2
8 3/4	7"	8799	1019 SX 7-2-93

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 783	Length of Test 24 hrs	Bbls. Condensate/MMCF 7 BC	Gravity of Condensate 51
Testing Method (prior, back pr.) Back PRS	Tubing Pressure (Shut-in) 1280 PSI	Casing Pressure (Shut-in) 0 PSI	Choke Size 14/64

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

Signature  
Dan W. Snow Vice President  
Printed Name  
June 10, 1993  
Date  
(915) 524-2371  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 28 1993

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

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.