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

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

SEP 26 1991

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

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

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

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator SNOW OIL & GAS, INC. ✓	Well API No. #1
Address P.O. BOX 1277, ANDREWS, TEXAS 79714	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator J.T. HAILE PETROLEUM, 813 S.ROSELAWN, ARTESIA, N.M. 88210	

II. DESCRIPTION OF WELL AND LEASE

Lease Name 7-UP FEDERAL	Well No. #1	Pool Name, Including Formation HIGHLONESOME QUEEN	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter N	: 790'	Feet From The FSL	Line and 1174'	Feet From The FWL
Section 19	Township 16-S	Range 29-E	NMPM,	EDDY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> KOCH OIL CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558, BRECKENRIDGE, TX. 76024
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ?
	N 19 16S 29E

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-20-85	Date Compl. Ready to Prod. 5-19-86	Total Depth 1900'	P.B.T.D. 1890'					
Elevations (DF, RKB, RT, GR, etc.) 3658' GR	Name of Producing Formation PENROSE	Top Oil/Gas Pay 1785'	Tubing Depth 1850'					
Perforations 1785' - 1795' 1SPF			Depth Casing Shoe 1900'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/2 "	CASING & TUBING SIZE 8-5/8" - 24#	DEPTH SET 288'	SACKS CEMENT 175 sx cmt.circ.					
7-7/8 "	5 1/2 " - 14#	1900'	425 sx cmt.					
	2-3/8	1850'	none					

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 7-17-91	Date of Test 8-5-91	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs.	Tubing Pressure none	Casing Pressure 0
Actual Prod. During Test	Oil - Bbls. 5	Water - Bbls. 0
		Gas- MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
Printed Name
SECRETARY
Title
915/524-2371
Date
Telephone No.

OIL CONSERVATION DIVISION

OCT 4 1991

Date Approved

By ORIGINAL SIGNED BY

Title

WILLIAMS
SUPERVISOR DISTRICT I

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.