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 I-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

MEQUEST FOR ALLOWARD	
I. TO TRANSPORT OIL	Well API No.
Openior Snyder Oil Corporation	633000
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 Upry Gas	
Change in Operator Casinghead Gas Condensate	
If change of operator give same and address of previous operator	P.O. Box 2038, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE Kind of Lease No. Lease No.	
Lease Name Well No. Pool Name, Includis	& Louission
JICARILLA 7 Blanco M	esaverde Jicarilla 09-000106
Location	
Unit Letter B : 990 Feet From The North Line and 1800 Feet From The East Line	
Section 26 Township 26N Range 04	N NMPM, RIO ARRIBA County
Section 26 Township 26N Range 04	, IMPH, INTO ANNITOR
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)	
Giant Refinery	P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When ?
give location of tanks.	Yes
If this production is commingled with that from any other lease or pool, give commingling order number:	
VI. OPERATOR CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
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.	Date Approved NOV 2 6 1990
IS DOS AND COMPLETE TO THE OCCUPANT OF THE COMPLETE OF THE COM	Date Approved NUV & 6 1990
- Strice Joseph Cy Chill	By
Signature Patricia Tognoni Engr Tech	
Printed Name Title 10/01/90 303-292-9100	Title SUPERVISOR DISTRICT #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.

