Submit 5 Copies
Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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 III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS	
A.	Well API No.
Operator Snyder Oil Corporation	661200
Address 1 California St. Ste 3500, Denver, CO 80202	
Reason(s) for Filing (Check proper box) Other (Please explain)	
Name Well Change in Transporter of:	
Recompletion Oil Dry Gas	
Casinghead Gas Condensate	P.O. Boy 2038 Farmington, NM 87499
If change of operator give partie Columbus Energy Corp	P.O. Box 2038, Farmington, NM 87499
and address of previous operator	
II. DESCRIPTION OF WELL AND LEASE	tice Formation Kind of Lease Lease No.
Lease Name	Mesaverde Jicarilla 09-000152
JICARILLA X 4 Blanco I	Mesaver de Sicaritia de Societa
Location E 1550 Feet From The North Line and 890 Feet From The West Line	
Unit Letter : 1550 Feet From The NOTTH Line and 890 Feet From The West Line	
	5W NMPM, RIO ARRIBA County
Section 08 Township 26N Range 0	ON MARKE
OF OU AND NATURAL CAS	
III. DESIGNATION OF TRANSPORTER OF OIL AND NAT	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil or Condensate	P.O. Box 256, Farmington, NM 87499
Giant Refinery	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	
Northwest Pipeline Corp.	3935 F. 30th St. Farmington, NM 87 a. Is gas actually connected? When ?
If well produces on or induce.	1
give location of tanks. F 08 26N 05	W Yes
If this production is commingled with that from any other lease or pool, give comminging order number:	
VI. OPERATOR CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
I hamby certify that the rules and regulations of the Oil Conservation	II OIL CONSENTATION STATES
Division have been complied with and that the information given above	NOV 2 6 1990
is true and complete to the best of my knowledge and belief.	Date Approved
Catricia Togucii by Mrm	
By By	
Signature Patricia Tognoni Engr Tech	SUPERVISOR DISTRICT #3
Printed Name Title 10/01/90 303-292-9100	II Title
Telephone No.	

- INSTRUCTIONS: This form is so 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.

