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 III
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| TO TRANSPORT OIL AND NATURAL GAS | |
|--|--|
| Operator Snyder Oil Corporation | Well API No. 2151300 |
| Address 1801 California St. Ste 3500, Denver, CO 80202 | |
| 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 same CO Tunibus Life 199 001 p. 1.01 200 200 g. 200 200 200 200 200 200 200 200 200 20 | |
| II. DESCRIPTION OF WELL AND LEASE | Kind of Lease No. |
| Lease Name Vell No. Pool Name, Includin | g romanos |
| JENNEY HM JM Blanco Me | esaverde Jicarilla 09-000105 |
| Location | |
| Unit Letter P 950 Feet From The South Line and 790 Feet From The East Line | |
| Umr Leuri | |
| Section 13 Township 26N Range 04 | W NMPM, RIO ARRIBA County |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 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 💢 | 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. D 13 26N 04W | Yes |
| 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 (ii) Conservation | OIL CONSERVATION DIVISION |
| 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 |
| | Date Apploved |
| - Atricia Jognoni W. H.M. | By |
| Signature Patricia Tognoni 'Engr Tech | SUPERVISOR DISTRICT #3 |
| 10/01/90 303-292-9100 | Title |
| Date leiepnone No. | 11 |

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.

