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. 2251400
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	
If change of operator give name Columbus Energy Corp.	P.O. Box 2038, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE	
Lesse Name Well No. Pool Name, Including	g Formation Kind of Lease Lease No.
TRIBAL C DAE * Wildhorse	
Location	
Unit Letter H : 1750 Feet From The No	orth Line and 900 Feet From The East Line
Section 06 Township 26N Range 03	N NMPM, RIO ARRIBA County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Authorized Transporter of Oil or Condensate Authorized Transporter of Oil or Condensate Or Oil	
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)
Northwest Pipeline Corp.	3935 E 30th St Farmington, NM 87
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When ?
give location of tanks. 1H 106 26N 03W	Yes
If this production is commingled with that from any other lease or pool, give commingling order number: 5/81-R6559	
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	NOV 2 6 1990
is true and complete to the best of my knowledge and belief.	Date Approved
- Patricia Concu lul MM	By_ Bill Chang
Signature Patricia Tognoni Engr Tech	SUPERVISOR DISTRICT #3
Printed Name Title 10/01/90 303-292-9100	Title
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.

