

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Snyder Oil Corporation	Well API No. 039 2347500
Address 1801 California St. Ste 3500, Denver, CO 80202	
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 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 Columbus Energy Corp. P.O. Box 2038, Farmington, NM 87499	

II. DESCRIPTION OF WELL AND LEASE

Lease Name TRIBAL COTE	Well No. 1E	Pool Name, including Formation Wildhorse Gallup Ext.	Kind of Lease Jicarilla	Lease No. 09-000097
Location Unit Letter F : 1520 Feet From The North Line and 1235 Feet From The West Line Section 06 Township 26N Range 03W NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refinery 2289210	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Cor 2289230	Address (Give address to which approved copy of this form is to be sent) 3935 E. 30th St., Farmington NM 87	
If well produces oil or liquids, give location of tanks. Unit F Sec. 06 Twp. 26N Rge. 03W	Is gas actually connected? Yes	When? 5/6/86

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 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 *Patricia Tognoni*
Patricia Tognoni Engr Tech
Printed Name
Date 10/01/90 Title
303-292-9100 Telephone No.

OIL CONSERVATION DIVISION
NOV 26 1990

Date Approved
By *Supervisor*
SUPERVISOR DISTRICT #3
Title

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.

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DIST. 3

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If change of operator give name and address of previous operator Columbus Energy Corp. P.O. Box 2038, Farmington, NM 87499	

II. DESCRIPTION OF WELL AND LEASE

Lease Name TRIBAL C OTE	Well No. 12	Pool Name, Including Formation Basin Dakota 71599	Kind of Lease Jicarilla	Lease No. 09-000097
Location Unit Letter F : 1520 Feet From The North Line and 1235 Feet From The West Line Section 06 Township 26N Range 03W, NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refinery 228912	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northwest Pipeline Corp. 2289130	Address (Give address to which approved copy of this form is to be sent) 3935 E. 30th St., Farmington, NM 87					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 06	Twp. 26N	Rgs. 03W	Is gas actually connected? Yes	When? 5/6/86

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 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 Patricia Tognoni
Printed Name Patricia Tognoni Title Engr Tech
Date 10/01/90 Telephone No. 303-292-9100

OIL CONSERVATION DIVISION

NOV 26 1990

Date Approved _____
By Burt D. Chang
Title SUPERVISOR DISTRICT #3

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OIL CON. DIV.
DIST. 3

STATE OF NEW MEXICO
ENERGY and MINERALS DEPARTMENT

This form is not to
be used for reporting
packer leakage tests
in Southeast New Mexico

OIL CONSERVATION DIVISION

1995

Page 1
Revised 10/01/78

NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

Operator SNYDER OIL CORPORATION Lease Tribal Well No. C1E
Location of Well: Unit F Sec. 6 Twp. 26 Rge. 3 County RIO ARRIBA

	NAME OF RESERVOIR OR POOL	TYPE OF PROD. (Oil or Gas)	METHOD OF PROD. (Flow or Art. Lift)	PROD. MEDIUM (Tbg. or Csg.)
Upper Completion	Dakota			
Lower Completion	Gallup	GAS	Flow	TBG
		GAS	Flow	TBG

PRE-FLOW SHUT-IN PRESSURE DATA

Upper Completion	Hour, date shut-in 01-12-96	Length of time shut-in 3 days	SI press. psig 312	Stabilized? (Yes or No) yes
Lower Completion	Hour, date shut-in 01-12-96	Length of time shut-in 3 days	SI press. psig 280	Stabilized? (Yes or No) yes

FLOW TEST NO. 1

FLOW TEST NO. 1						
Commenced at (hour, date)* 01-15-96						
TIME (hour, date)	LAPSED TIME SINCE*	PRESSURE			Zone producing (Upper or Lower): upper	
		Lower Completion	Upper Completion	PROD. ZONE TEMP.	REMARKS	
01-13		tbg	csg tbg			
01-14		300	333 233		Both zones shut in	
		305	345 252		Both zones shut in	
01-15		312	372 280		Both zones shut in	
01-16		315	273 197		Upper zone flowing	
01-17		315	296 203		Upper zone flowing	
					Flowed Gallup, Logged off Dakota	

Production rate during test

Production rate during test

Oil: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

Gas: 32 MCFPD; Tested thru (Orifice or Meter): Meter

MID-TEST SHUT-IN PRESSURE DATA

Upper Completion	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)
Lower Completion	Hour, date shut-in	Length of time shut-in	SI press. psig	Stabilized? (Yes or No)

(Continue on reverse side)

FLOW TEST NO. 2

Commenced at (hour, date) **				Zone producing (Upper or Lower):	
TIME (hour, date)	LAPSED TIME SINCE **	PRESSURE		PROD. ZONE TEMP.	REMARKS
		Upper Completion	Lower Completion		

Production rate during test

1: _____ BOPD based on _____ Bbls. in _____ Hours. _____ Grav. _____ GOR _____

2: _____ MCFPD: Tested thru (Orifice or Meter): _____

Remarks: _____

I hereby certify that the information herein contained is true and complete to the best of my knowledge.

Approved _____ 19 _____

New Mexico Oil Conservation Division

FEB 29 1996

DEPUTY OIL & GAS INSPECTOR

y _____

Title _____

Operator SNYDER OIL CORPORATION

By Kay Schuster

PRODUCTION ANALYST

Title _____

Date February 22, 1996

NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.

2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.

3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.

4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shut-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.

5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.

6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow

that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.

7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day tests: immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-01-78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).