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	Weil API No.
Snyder Oil Corporation	2350400
Address	
1801 Calliothia St. See Seet, Device,	
Reason(s) for Filing (Check proper box) Other (Please explain)	
New Well Change in Transporter of:	
Recompletion Dry Gas U	
Change in Character X Casinghead Gas Condensate	
Columbus Energy Corp. P.O. Box 2038, Farmington, NM 87499 and address of previous operator	
I. DESCRIPTION OF WELL AND LEASE Vett No. Pool Name, Includin	E Formation Kind of Lease Lease No.
106 0-1	g romanou
TRIBAL C 12E /128 Basin Dal	(Ota Steat Fina OS COCCO)
Location 790 South 790 To West 150	
Unit Letter M : 790 Feet From The South Line and 790 Feet From The West Line	
Section 08 Township 26N Range 03V	N , NMPM, RIO ARRIBA County
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 Address (Give address to which approved copy of this form is to be sent)	
Traine of Administration 11-119	3935 F. 30th St. Farmington, NM 87
Northwest Pipeline Corp. If well problems oil or liquids. Unit Sec. Twp. Rge.	Is gas actually connected? When ?
II was produced as to induces	1
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	OIL CONSERVATION BIVIOLON
Division have been complied with and that the information given above	NOV - 0 4000
is true and complete to the best of my knowledge and belief.	Date Approved NOV 2 8 1990
(-ntrinia -nominia bill & m	
Signature Determining Tormoni Engr Toch	By
Patricia Tognomi Engl Tech	
Printed Name Title	Title SUPERVISOR DISTRICT #3
10/01/90 303-292-9100	
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
- 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.

