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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO TRANSPOR	TOIL AND NATURAL GAS
Operator	Weil API No. 2351700
Snyder Oil Corporation	2331700
Address 1801 California St. Ste 3500, Den	
Reason(s) for Filing (Check proper box)	Other (Please explain)
New Well Change in Transporter	of:
Recompletion . Dry Gas	
Change in Operator X Casinghead Gas Condensate	
f change of operator give parms Columbus Energy C and address of previous operator	orp. P.O. Box 2038, Farmington, NM 87499
I. DESCRIPTION OF WELL AND LEASE	
Lesse Name Well No. Pool Name	, Including Formation Kind of Lease Lease No.
HOYT 25 Basi	n Dakota Jicarilla 09-000119
Unit Letter I 1600 Feet From	The South Line and 790 Feet From The East Line
Section 05 Township 26N Range	04W NMPM, RIO ARRIBA County
III. DESIGNATION OF TRANSPORTER OF OIL AND Name of Authorized Transporter of Oil or Condensate X Giant Refinery	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 or Dry Ga	
Northwest Pipeline Corp.	3935 E 30th St., Farmington, NM -87
If well produces oil or liquide, Unit Sec. Twp.	Rge. Is gas actually connected? When ?
give location of tanks. T 05 26N	04W Yes 4/18/86
If this production is commingled with that from any other lease or pool, give o	ommingling order number:
VI. OPERATOR CERTIFICATE OF COMPLIANC	E OIL CONSERVATION DIVISION
I hereby certify that the rules and regulations of the Oil Conservation	II 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
Potsinia Iranoni by Alm	_ By
Signature Patricia Tognoni Engr Tech	SUPERVISOR DISTRICT #2
Printed Name Title	0100 Title
Dete. Telephone No.	H

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.

NOV2 6 1990
OIL CON. DIV