Submit 5 Copies
Appropriate District Office
DISTRICT!
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	Well API No.
Snyder Oil Corporation	2454400
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 OperatorX Casinghead Gas Condensate	
If change of operator give name CO lumbus Energy Corp.	P.O. Box 2038, Farmington, NM 87499
·	
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Including	Formation Kind of Lease Lease No.
LADD 1/E Well No.   Pool Name, Includia	1.20 0.2000
	kota   Federal   29-013480
Location C 1950 North 1940 Fact	
Unit Letter G: 1850 Feet From The No	orth Line and 1840 Feet From The East Line
Section 19 Township 25N Range 09	W STORMS CAN IIIAN Court
Section 19 Township 25N Range 09	W , NMPM, SAN JUAN County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
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)	
· respective	
Gas Company of New Mexico  If well produces oil or liquids,   Unit   Sec.   Twp.   Rgs.	P.O. Box 1899, Bloomfisted with 187413
nine location of teatrs	
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
1 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.	NOV 2 6 1990
	Date Approved
Tetricia-continuly you	By
Signature Patricia Tognoni JEngr 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.

