Submit 5 Copies
Appropriate District Office
DISTRICT I 2.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	T OIL AND NATURAL GAS
	Well API No.
Snyder Oil Corporation	565200
Address 1801 California St. Ste 3500, Denv	
Reason(s) for Filing (Check proper box) Other (Please explain)	
New Well Change in Transporter	of:
Recompletion Oil Dry Gas	
Change in Operator X Casinghead Gas Condensate	101 07100
If change of operator give name Columbus Energy Co	orp. P.O. Box 2038, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE	
	Including Formation Kind of Lease Lease No.
	ard PC Federal 82-078431
DANGER /	
Location O 930 East France	The South Line and 1450 Feet From The East Line
Unit Letter : Feet From	Ine
Service 26 Township 26N Range	OSW , NIMPM, SAN JUAN County
Section 25 Township 25 N Range	
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 Gai	
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, NM 87413
If all andress oil or limits. Unit Sec. Twp.	Rgs. Is gas actually connected? When?
If well produces oil or liquids, Unit Sec. Twp. pive location of tanks.	Yes
If this production is commingled with that from any other lease or pool, give comminging order number:	
If this production is communical with the front my case to the first in the first i	
VI. OPERATOR CERTIFICATE OF COMPLIANC	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 8 1990
is true and complete to the best of my knowledge and belief.	Date Approved
is the and complete to the source of	11 A
Contracia Sognorialy Alm	_ By
Signature Patricia Tognoni Engr Tech	SUPERVISOR DISTRICT #3
Printed Name Title 303-292-9	3100 Title
Date Telephone No.	<u> </u>

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.