Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

## 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., Azzec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

t. TO TRANSPORT OIL	
Operator	Well API No.
Snyder Oil Corporation	609000
Address 1801 California St. Ste 3500, Denver,	
Reason(s) for Filing (Check proper box)	Other (Please explain)
New Weil Change is Transporter of:	
Recompletion Oil Dry Gas	
Change in Operator	
If change of operator give name Columbus Energy Corp.	P.O. Box 2038, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE	
Lesse Name Well No. Pool Name, Include	•
LINDA 1 Blanco N	lesaverde Navajo 16-008469
Location	•
Unit Letter M : 840 Feet From The	South Line and 790 Feet From The West Line
Unit Letter	
Section 31 Township 27N Range 08	BW NMPM, SAN JUAN County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate Control or Condensate Control of Authorized Transporter of Casinghead Gas or Dry Gas Company of New Mexico If well produces oil or liquids, Unit Sec. Twp. Rgs give location of tanks.	Address (Give address to which approved copy of this form is to be sent)  P.O. Box. 256. Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)  P.O. Box. 1899. Bloomfield, NF 87413  Is gas actually consected?  When?
If this production is commissied with that from any other lease or pool, give comminging 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	OIL CONSERVATION DIVISION NOV 2 8 1990
is true and complete to the best of my knowledge and belief.	Date Approved
Signature Signature Signature	By 3.1)
Patricia lognoni Engriech	SUPERVISOR DISTRICT 13
Printed Name Title .10/01/90 303-292-9100	Title
Date Telephone No.	\$I

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.

