Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Pilot

OIL CONSERVATION DIVISION

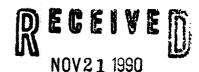
P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87416 DECLIEST FOR ALLOWARI F AND AUTHORIZATION

I.	LU.	TRANSPO	AT OIL	AND NATURAL GAS		
Operator Snyder Oil Corporat					Well API No. 982200	
					<u> </u>	
Address 1801 California St.	Ste 35	00, Der	ver,			
Reason(s) for Filing (Check proper box)				Other (Please explain)		
New Well	Char	ego in Transpor				,
Recompletion	Oil	Dry Ges	_			
Change in Operator	Casinghead Gas				CAPRIBATA	n. NM 87499
If change of operator give name CO	umbus E	nergy	orp.	P.O. BOX 2038	, ratilities	11, 1414 07433
and address of previous operator						
IL DESCRIPTION OF WELL	UND LEASE				<u> </u>	Less No.
Well No. Pool Name, including Formation					Kind of Lease	Fee
CLAYTON 1-*		Bas	in Dak	ota	Fee	Lee
Leaster			_	4050		West
Unit Lotter N	990	Feet Pro	e The SC	outh Lies and 1850	Feet From The	West Line
					AAR HILANI	
Section 02 Township	30N	Range	121	, NMPM, S	AN JUAN	County
III. DESIGNATION OF TRANS				RAL GAS Address (Give address to which	amount arm of this for	- is to be cost)
Name of Authorized Transporter of Oil	~~	codecate		-	= =	
Giant Refinery				P.O. Box 256.	Farmington.	NM 0/433
Norms of Authorized Transporter of Casing	_	_	3ee V.	Address (Give address to which		
El Paso Natura	1 Gas Co	mpany	· -	P.O. Box 4990.		NM 8/499
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	is gas actually connected?	Whea?	
give location of tents.	<u> </u>		<u> </u>	Yes		
If this production is commingled with that f	rom any other les	nes or pool, give	commingl	ng order number:1	74 R4692	
VI. OPERATOR CERTIFICA	ATE OF CO	OMPLIAN	CE	011 00110	COVATION C	MUSION
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION		
Division have been complied with and that the information given above					NOV 2 1	1990
is true and complete to the best of my knowledge and belief.				Date Approved	1101 10 3	
4	0 -0.0 -1			II ' '		1
Tatricia Tognoni				D.,	3 (Nie	Contract of the second
Signature Patricia Togn	7	ngr Tec	h	By		
	0111	Title			SUPERVISOR	DISTHIGT #3
Printed Name	24	03-292-	9100	Title		
10/01/90		Telephone N		11		

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.



OIL CON. DIV.