DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRAN-PORTER OPERATOR PRORATION OFFICE Operator Snyder 01] Company Address	REQUEST I		DEC _{1 1 1989} DIL CON. DIV DIST. 3
1801 California St., Si Reason(s) for filing (Check proper box)	uite 3500; Denver, CO 80	Other (Please explain)	J
New Well	Change in Transporter of: (1) Dry Gas	s []	
Recompletion Change in Ownership X	Continghead Gas Conden	sate	
If change of ownership give name and address of previous owner	Calvin Petroleum		
DESCRIPTION OF WELL AND I	FASI	ormalini Kind of Lea	se Lease No.
Lease Name	Vell No. Pool Name, Including Fo	State, Fede	ICORPORT T
Location Location		1 450	The West Line
Unit Letter N : 790	·	<u> </u>	
Line of Section 19 Township 30 N Range 11 W , NMPM, San Juan County			
Name of Authorized Transporter of Oil Conoco	CER OF OIL AND NATURAL GA	P.O. Box 1429; Az	tec, NM 87413
Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	P.O. Box 1492; El	roved copy of this form is to be sent) Paso, TX 79978
El Paso Natural Gas	Unit Sec. Twp. P.ge.	Is gas actually connected? Yes	When N/A
give location of tanks. If this production is commingled wit	! N ! 'J J	<u> </u>	
. COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Froducing Formation	Top On/Ous Pay	Depth Casing Shoe
Perforations .			
TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
OIL WELL	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas	
Date First New Oil Run To Tanks		Casing Pressure	Choke Size
Length of Test	Tubing Freesure		Gae • MCF
Actual Pred. During Test	Oil-Hole.	Water - Bbls.	Gds • MCr
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test+MCF/D		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		100000000000000000000000000000000000000
L CERTIFICATE OF COMPLIAN	CE	OIL COMPERY	TAT 1880 COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED Bill Chang	
		SUPERVISOR DISTRICT #3	
Dawn H. Darling (Signature)		TITLE This form is to be filed in compliance with RULE 1104. If this is a request for silowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable to the section of the section of the form must be filled out completely for allowable to the section of	
Petroleum Engineer (Tule)		able on new and recompleted werre.	
1969 (Date)		Fill out only Sections 1. II. III. and well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.