

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**RECEIVED**  
DEC 11 1989  
OIL CON. DIV.  
DIST. 3

OPERATOR  
PRODUCTION OFFICE

**SYNOPSIS**

Operator: Snyder Oil Company

Address: 1801 California St., Suite 3500; Denver, CO 80202 (303) 292-9100

Person(s) for filing (check proper box):  
New Well ☐ Change in Transporter of:  
Per Completion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner: Calvin Petroleum

**DESCRIPTION OF WELL AND LEASE**

Lease Name: Apperson Well No.: 1 Pool Name, including Formation: Basin Dakota Kind of Lease: State, Federal or Fee Fee: none Lease No.: none

Location: Unit Letter: K; 1,850 Feet From The South Line and 1,850 Feet From The West Line

Line of Section: 30 Township: 30 N Range: 11 W, NMPM, San Juan County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil ☒ or Condensate ☐: Conoco Address (Give address to which approved copy of this form is to be sent): P.O. Box 1429; Aztec, NM 87413

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐: El Paso Natural Gas Address (Give address to which approved copy of this form is to be sent): P.O. Box 1492; El Paso, TX 79978

If well produces oil or liquids, give location of tanks: Unit: K Sec.: 30 Twp.: 30N Rge.: 11W Is gas actually connected? yes When: N/A

If this production is commingled with that from any other lease or pool, give commingling order number:

**COMPLETION DATA**

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.

Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:

Perforations (DF, RAB, RT, GR, etc.): Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:

Perforations: Depth Casing Shoe:

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (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)

Date First New Oil Run To Tanks: Date of Test: Producing Method (Flow, pump, gas lift, etc.):

Length of Test: Tubing Pressure: Casing Pressure: Choke Size:

Actual Prod. During Test: Oil-Bbls.: Water-Bbls.: Gas-MCF:

**GAS WELL**

Actual Prod. Test-MCF/D: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:

Testing Method (pilot, back prod.): Tubing Pressure (shut-in): Casing Pressure (shut-in): Choke Size:

**CERTIFICATE OF COMPLIANCE**

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.

Dawn H. Darling (Signature)  
Petroleum Engineer (Title)  
Dec 7, 1989 (Date)

**OIL CONSERVATION COMMISSION**  
DEC 11 1989

APPROVED: BY: [Signature] TITLE: SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 on new and recompleted wells.

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.