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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 Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	TOTR	ANSPORT OIL	AND NATURAL GAS		
Operator Snyder Oil Corpora			Well API No. 2363600		
Address 1801 California St	. Ste 3500	), Denver,	CO 80202		
Reason(s) for Filing (Check proper box)			Other (Please explain)		
New Well	Change i	a Transporter of:			
Recompletion	Oil [	Dry Ges			
Change in Operator	Casingheed Gas	Condensate .			
If change of operator give name and address of previous operator	lumbus Ene	ergy Corp.	P.O. Box 203	s, Farmingto	n, NM 8/499
II. DESCRIPTION OF WELL.	AND LEASE				
Lease Name	Well No			Kind of Lease	Lease No.
ROBINSON BRO 1M	1 m	Blanco M	esaverde	Fee	Fee
Lecation					
Unit Letter N	:820	_ Feet From The _	outh Line and 2220	Feet From The	West Line
Section 34 Township	32N	Range 13	W , NMPM,	SAN JUAN	County
III. DESIGNATION OF TRAN	SPADTED AF	NI. AND NATI	PAL GAS	×°	
Name of Authorized Transporter of Oil	or Coad		Address (Give address to which	approved copy of this for	m is to be sent)
			P.O. Box 256.		
Ciant Refinery Nume of Authorized Transporter of Casing		or Dry Gas 🔽	Address (Give address to which		
Sunterra Gas Gathering Co. P.O. Box 1899, Bloomfield, NM 87413					
Mart produces eil or liquids,	Unit Sec.	Twp. Rgs.		When ?	
give location of tends.	1	1 1	Yes		
If this production is commingled with that f	form say other lease o	r pool, sive commiss			
a e far a la susseia e Transcala			11		
VI. OPERATOR CERTIFIC.  I hereby certify that the rules and regula		OIL CONSERVATION DIVISION			
Division have been complied with and t			NOV 9 1	1000	
is true and complete to the best of my k		Date ApprovedNOV 2 1 1990			
fatricia 190		Date / pproved		Λ	
yaira s			<b>D</b>	1.1 d	
Signature		. T b	By	3	<del>~~~</del>
Patricia Togr	noni Eng	r Tech		SUPERVISOR D	ISTRICT #3
Printed Name		Title	Title		
10/01/90 Date		<u>-292-910</u> 0 enhose No.			

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.