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

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

FEB 25 1994

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SNOW OIL & GAS, INC.	Well API No.
Address P.O. BOX 1277 ANDREWS, TEXAS 79714	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name DUFFIELD FED. COM	Well No. #2	Pool Name, Including Formation DUFFIELD PENN	Kind of Lease State Federal CO OK	Lease No. NM 76988
Location Unit Letter G : 1880 Feet From The North Line and 2230 Feet From The East Line Section 21 Township 16S Range 27E, NMPM, EDDY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
KOCH OIL COMPANY	P.O. BOX 1558 BRECKENRIDGE, TEXAS 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
GAS COMPANY OF NEW MEXICO	ALVARADO SQ. ALBUQUERQUE, NM 87518-2612					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
G	21	16S	27E		NO	3/1/94

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
Date Spudded 12/30/93	Date Compl. Ready to Prod. 2/4/94		Total Depth 8840		P.B.T.D. 8758			
Elevations (DF, RKB, RT, GR, etc.) 3597 GR	Name of Producing Formation PENN (STRAWN)		Top Oil/Gas Pay 8134		Tubing Depth 8081			
Perforations 8134' - 8143'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8, 24#, ST&C		1109'		810 CIRC			
7 7/8	5 1/2, 17#, BT&C,		8809'		875 (TOC 5250)			
	LT&C							

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
		7-1-10-2	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			4-8 94
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 1279	Length of Test 6.75 hrs	Bbls. Condensate/MMCF 25.7	Gravity of Condensate 59
Testing Method (pilot, back pr.) BACK PRS 400 PSI	Tubing Pressure (Shut-in) 2190	Casing Pressure (Shut-in) 50	Choke Size 14/64

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 is true and complete to the best of my knowledge and belief.

Dan W. Snow/V.L.

Signature
DAN W. SNOW
Printed Name
2/19/94
Date
VICE PRESIDENT
Title
(915) 524-2371
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 25 1994

By SUPERVISOR, DISTRICT II

Title

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.