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State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Snyder Oil Corporation		Well API No. 30-041-20680
Address 801 Cherry Street, Suite 2500		Ft. Worth, TX 76102
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective 7/1/90		
If change of operator give name and address of previous operator Snyder Operating Company, 801 Cherry Street, Suite 2500, Ft. Worth, TX 76102		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sieber	Well No. 1	Pool Name, Including Formation Chaveroo, San Andres	Kind of Lease State, Federal or Fee	Lease No. 01348
Location Unit Letter F : 1980 Feet From The North Line and 2173 Feet From The West Line Section 17 Township 7S Range 34E, NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2080, Dallas, TX 75221-2080					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Oxy NGL, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 17	Twp. 7S	Rge. 34E	Is gas actually connected? Yes	When? 5/4/84

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Drill Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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			

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.)	
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 pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Betty Hsry  
Signature  
Betty Hsry  
Printed Name  
7/9/90  
Date  
Production Analyst  
Title  
(817) 338-4043  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 27 1990

By ORIGINAL SIGNED BY JERRY SEATON  
DISTRICT I SUPERVISOR

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.

RECEIVED

JUL 12 1990

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HOBBS OFFICE