

Submit: 5 Copies  
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

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

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  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Snyder Oil Corporation</u>		Well API No. <u>30-041-20701</u>
Address <u>801 Cherry Street, Suite 2500</u> <u>Ft. Worth, TX 76102</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain, _____)		
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 <u>7/1/90</u>
If change of operator give name and address of previous operator <u>Snyder Operating Company, 801 Cherry Street, Suite 2500, Ft. Worth, TX 76102</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Metzger</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Chaveroo San Andres</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. <u>03129</u>
Location Unit Letter <u>B</u> : <u>567</u> Feet From The <u>North</u> Line and <u>1787</u> Feet From The <u>East</u> Line Section <u>17</u> Township <u>7S</u> Range <u>34E</u> , <u>NMPM</u> , <u>Roosevelt</u> 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"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2080, Dallas, TX 75221-2080</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 300, Tulsa, OK 74102</u>
Oxy NGL, Inc.	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ? <u>J</u>   <u>17</u>   <u>7S</u>   <u>34E</u>   <u>Yes</u>   <u>5/4/84</u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>N/A</u>	

IV. 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.			
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  
(817) 338-4043  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY DISTRICT 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 multiple completed wells.

RECEIVED

JUL 12 1990

CCC  
HONOLULU OFFICE

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REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
Snyder Operating Company		3004120701
Address		
801 Cherry Street, Suite 2500		Fort Worth, Texas 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"/>	Condensed Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
		Effective 4/1/90
If change of operator give name and address of previous operator		
Snyder Oil Company - 801 Cherry St., Suite 2500 Ft. Worth, TX 76102		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or <u>Fed</u>	Lease No.
Metzger	3	Chaveroo San Andres		03129
Latitude				
Unit Letter	B	567	Feet From The North Line and 1787	Feet From The East 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipeline	P.O. Box 2080 Dallas, TX 75221-2080	
Name of Authorized Transporter of Condensed Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Oxygas Inc.	P.O. Box 300 Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks	Unit	Sec.
	J	17
	7S	34E
Is gas actually connected?	When?	
YES	05/04/84	
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	Diff 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 of 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/MCF	Gravity of Condensate
Testing Method (pump, 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.

*Lulu Martin*  
Signature Lulu Martin Production Analyst  
Printed Name  
Date 4-26-90 Title  
817-338-4043  
Telephone No.

OIL CONSERVATION DIVISION

JUL 13 1990

Date Approved

By ORIGINAL SIGNED BY JEFF DIXON  
DISTRICT SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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