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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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	0	3	anta Fe	;, New M	Mexico 875	04-2088					
	REQ	UEST F	OR A	LLOWA	ABLE AND	AUTHORI	ZATION				
perator		10 IR.	ANSP	<u>ORT O</u>	IL AND NA	TURALGA					
Snyder Oil Corporati	on							Well API No. 30-041-20730			
801 Cherry Street, St	uite 25(	00			Ft.	Worth, TX	7610	12			
eason(s) for Filing (Check proper box)	1	~ .				er (Please expla					
ecompletion	Oil	Change is	n Transpo Dry Ga								
hange in Operator	Casinghe	ad Gas	Conder		Effect	ive 7/1/9	20				
change of operator give name d address of previous operator					801 Cher			2500 1	Et Wort	h TV 7	
DESCRIPTION OF WELL						- Street	, barte	2300,	FL. WOIL.	h, TX 76	
ease Name	J AND LE		Pool N	ame Inch.	ding Formation						
etzger		6		havero	o, San Ar	ndres		of Lease Federal of Fe	1	ease No.	
ocation									0:	3131	
Unit Letter A	: <u> 66</u>	0	_ Feet Fr	om The _	North Lib	e and853	Fe	et From The	East	Line	
Section 17 Towns	hip 7S		Range	34E	, N	MPM,		Roosev	relt	County	
I. DESIGNATION OF TRAI	NSPORTE	ER OF O	II. AN	D NATI	IDAL CAC					County	
or removation remoposition Off	[22]	or Conder	asale	DIVATO	Address (Giv	e address to wh	ich annan				
ride Pipeline					Address (Give address to which approved P. O. Box 2436, Abilene			<i>сору ој иш ј</i> е. ТХ 7	' <b>orm is lo be se</b> '9604	eni)	
me of Authorized Transporter of Casi	nghead Gas		or Dry	Gas	Address (Giv	e address to wh	ich approved	copy of this	form is to be se	eni)	
well produces oil or liquids,	Unit	Sec.	Twp.	Roe	. Is gas actuall						
e location of tanks.	A	17	1 7S	1 34E	No		When N				
nis production is commingled with that COMPLETION DATA	from any ou			e comming	gling order numb	×r. N/A					
Designate Type of Completion	ı - (X)	Oil Well		las Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
le Spudded	Date Compl. Ready to Prod.				Total Depth	l		P.B.T.D.	<u></u>	<u> </u>	
vations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil Gas Pay			Tubing Depth			
forations								Ĺ			
								Depth Casin	g Shoe		
1101.5	Ţ	UBING,	CASIN	IG AND	CEMENTIN	G RECORE	)	<u> </u>			
HOLE SIZE	SING & TU	JBING S	IZE	DEPTH SET			SACKS CEMENT				
	+				<u> </u>						
	+				1						
TICT OF THE										<del></del>	
TEST DATA AND REQUES WELL Test must be after t	ST FOR A	LLOWA	ABLE								
LWELL (Test must be after the First New Oil Run To Tank	Date of Tes	tal volume o	of load or	il and must	be equal to or	exceed top allow	vable for this	depth or be f	or full 24 how	rs.)	
	Date of Tes	×			Producing Me	thod (Flow, pur	φ, gas lift, el	c.)			
gth of Test	Tubing Pressure				Casing Pressure			Choke Size			
ual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
AS WELL	<u></u>				1						
ual Prod. Test - MCF/D	Length of Test				Bbls. Condensate.MMCF			Gravity of Condensate			
ing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
		(	_,		Casing Freshi	c (Sumin)		Choke Size	_		
OPERATOR CERTIFIC	ATE OF	COMP	LIANO	CF.							
hereby certify that the rules and regul. Division have been complied with and	ations of the t	Oil Conserv	mtion		C	IL CONS	SERVA	MOIT	OIVISIO	N	
s true and complete to the best of my i	mowledge an	d belief.			Doin	Approved		( <b>4</b> []]	eilen	4	
Bott 1/6x					Date	whhlonea		1-, 4.		<b>/</b>	
Signature J	<del>}</del>				By	ORIGH	NAL SIJE	n en er	NO SUCTOR	J	
Retty Usry Printed Name	Produc	ction A	nalys	it	-, -		Die No.	Caurany,	KO SLUTON	-	
Tinted Name 2/9/90		•	Title		Title					45	
Date	(01/)	338-40 Telep	hone No.						<del></del>		
		r									

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
- 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 walls