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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

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

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

I.	
Operator Snyder Oil Company	Well API No. 30-025-23248
Address 801 Cherry St., Suite 2500 Fort Worth TX 76102	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change is Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Operator ☒	Casinghead Gas ☐ Condensate ☐ Effective 11/9/89
If change of operator give name and address of previous operator Pacific Enterprises Royalty Company, P.O. Box 3083, Midland TX 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name DeSoto State	Well No. 1	Pool Name, including Formation Tulk - Penn	Kind of Lease (State) Federal or Fee	Lease No. K-258
Location				
Unit Letter D	660	Feet From The North	Line and 660	Feet From The West
Section 35	Township 14S	Range 32E	NMPM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Permian	☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston TX 77251-1183	
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corp.	☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) P.O. Box 67, Monument NM 88265	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35	Twp. 14S
		Rge. 32E	Is gas actually connected? Yes
			When? 11/10/69

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
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/MWCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Sbust-in)	Casing Pressure (Sbust-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
11/20/89 (817) 338-4043
Date Telephone No

OIL CONSERVATION DIVISION

NOV 30 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON
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.