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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

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

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.
Address <u>801 Cherry Street, Suite 2500</u> <u>Ft. Worth, TX 76102</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective 7/1/90 <input type="checkbox"/> Other (Please explain)		
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>Maljamar North Unit</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Kemnitz Wolfcamp, West</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>G5489</u>
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>North</u> Line Section <u>31</u> Township <u>16S</u> Range <u>33E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Koch Services</u>	<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 1558, Breckenridge, TX 76024</u>				
Name of Authorized Transporter of Casinghead Gas <u>Phillips 66 Natural Gas Co.</u>	<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 358, Borger, TX 79008-0358</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>31</u>	Twp. <u>16S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>Yes</u>	When? <u>1/5/65</u>

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

OIL CONSERVATION DIVISION

Date Approved 3-2-91
By ORIGINAL SIGNED BY JIMMY SEXTON
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

RECEIVED

JUL 12 1990

OLD
HOBBS COUNTY