

Submit 5 Copies  
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 SNOW OIL & GAS, INC.		Well API No. 30-025-30352
Address P.O. BOX 1277, ANDREWS, TEXAS 79714		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Re-entry <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE

Lease Name UNION "A" FEDERAL	Well No. 2	Pool Name, Including Formation QUAIL RIDGE (DELAWARE) 4/1/92	Kind of Lease State Federal <del>Lease</del>	Lease No. NM 14799
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 10 Township 20S Range 34E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil KOCH OIL	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1558, BRECKENRIDGE, TEXAS 76024
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit K   Sec. 10   Twp. 20S   Rge. 34E	Is gas actually connected? No
If this production is commingled with that from any other lease or pool, give commingling order number:		When ? USED ON LEASE

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 12-2-91	Date Compl. Ready to Prod. 1-8-92		Total Depth 6892'		P.B.T.D. 6150'			
Elevations (DF, RKB, RT, GR, etc.) 3634.2 GR	Name of Producing Formation DELAWARE		Top Oil/Gas Pay 5660'		Tubing Depth 5			
Perforations 5660' - 5690' 31 hole 1 spf					Depth Casing Shoe 6322'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½	13-3/8, 68#, J-55, ST&C		1623'		1200 sx circ.			
12½	8-5/8", 32#, K-55, LT&C		5110'		2860 sx surf.			
7-7/8	5.5", 15.5, 17#, J-55, N-80, LT&C		6322'		700 sx TOC 1400'			
	2.375, 4.7#, J-55, 8rd.		5743'					

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 1-4-92	Date of Test 1-8-92	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 HRS	Tubing Pressure 100 psi	Casing Pressure 40 psi	Choke Size Open
Actual Prod. During Test Yes	Oil - Bbls. 22	Water - Bbls. 115	Gas - MCF 8 Used on Lease.

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.

Signature Dan W. Snow  
Printed Name DAN W. SNOW  
Date 1-9-92  
Title PROD. ENGR.  
Telephone No. 915 524 2371

OIL CONSERVATION DIVISION  
JAN 16 '92

Date Approved \_\_\_\_\_  
By GRACE L. GIBSON, JR. DEPT. COMPTON  
Title DEPT. SUPERVISOR

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.