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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 <b>Snow Oil &amp; Gas, Inc.</b>		Well API No. <b>30-025-31717</b>
Address <b>P.O. Box 1277 Andrews, Texas 79714</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		

If change of operator give name  
and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>(SCJ) Federal</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Quail Ridge (Delaware)</b>	Kind of Lease <b>Not Federal or XXX</b>	Lease No. <b>LC-064194</b>
Location <b>N.E. Lea R 100 T2 3/10/94</b>				
Unit Letter <b>A</b>	<b>660</b>	Feet From The <b>North</b>	Line and <b>330</b>	Feet From The <b>East</b>
Section <b>9</b>	Township <b>20S</b>	Range <b>34E</b>	, NMPM, <b>Lea</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>KOCH Oil Service</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1558 Breckenridge, Texas 76024</b>	
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 <b>A</b>	Sec. <b>9</b>	Twsp. <b>20S</b>
	Rge. <b>34E</b>	Is gas actually connected? <b>No</b>	
When ?			

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 <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 <b>9-14-92</b>	Date Compl. Ready to Prod. <b>12-31-92</b>		Total Depth <b>6400'</b>		P.B.T.D. <b>6360'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3633 GR</b>	Name of Producing Formation <b>Delaware</b>		Top Oil/Gas Pay <b>5653(-2006)</b>		Tubing Depth <b>6092</b>			
Perforations <b>5662'-5682' (21Holes, SPF) 6075'-6100' (26 Holes, SPF)</b>					Depth Casing Shoe <b>6400</b>			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <b>12-1/4</b>	CASING & TUBING SIZE <b>9-5/8</b>		DEPTH SET <b>1620</b>		SACKS CEMENT <b>900 sxs circ</b>			
<b>8-3/4</b>	<b>5-1/2</b>		<b>6400</b>		<b>5175 circ</b>			

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 <b>12-17-92</b>	Date of Test <b>1-4-93</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PMP</b>	
Length of Test <b>24 HRS</b>	Tubing Pressure <b>30</b>	Casing Pressure <b>30</b>	Choke Size <b>Open</b>
Actual Prod. During Test <b>27 BBL Oil</b>	Oil - Bbls. <b>27</b>	Water - Bbls. <b>178 BW</b>	Gas- MCF <b>TSTM</b>

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 Snow**  
Printed Name  
**1-5-93**  
Date  
**Asst. Sec.**  
**915-524-2371**  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **7 1992**

By **ORIGINAL SIGNED BY JERRY SEXTON**

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.