

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

I.

Operator Supron Energy Corporation	
Address P.O. Box 808 Farmington, New Mexico 87401	
Reason for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "K"	Well No. 20	Pool Name, Including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. Contract No. 145
Location				
Unit Letter B ; 940 Feet From The North Line and 1850 Feet From The East				
Line of Section 2 Township 25 North Range 5 West , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau Incorporated	Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	First International Bldg., Dallas, Texas Attention: Mr. R.J. McCrary
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 2 25N 5W
Is gas actually connected?	When Upon installation of pipeline facility

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.
		X	X					
Date Spudded 7/1/78	Date Compl. Ready to Prod.	Total Depth 3320	P.B.T.D. 3263					
Elevations (DF, RKB, RT, GR, etc.) 6808 Gr.	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3173	Tubing Depth 3125					
Perforations 17 holes size 0.42" from 3173' to 3241'	Depth Casing Shoe 3320							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9-7/8"	7-5/8"	218	145					
6-3/4"	4-1/2"	3320	100					

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 Tanks	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 757	Length of Test 3 hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 940	Casing Pressure (Shut-in) 940	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By

Rudy D. Motto

Rudy D. Motto (Signature)

Area Superintendent

(Title)

August 14, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 23 1978**, 19

BY **Original Signed by Mr. R. H. Hendrick**

SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.