

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
PRODUCTION OFFICE	
Operator	
Supron Energy Corp. % John H. Hill, et al	
Address Suite 020, Kysar Building	
300 W. Arrington, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Jicarilla "L"	6-E	Otero Chacra	State, Federal or Fee Federal	Jic. Cont 10
Location				
Unit Letter J ; 1580 Feet From The South Line and 1600 Feet From The East				
Line of Section 34 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 ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Gas Company of New Mexico	P.O. Box 1899 Bloomfield, New Mexico ATTN: Stella Whitiaker	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	NO	

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	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
2/27/81	4/6/81	8500'		7495'				
Elevations (D, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
6765' GR	Otero Chacra	3632		3618'				
Perforations				Depth Casing Shoe				
3632, 34, 36, 38, 42, 44, 46, 48				8494				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"	334'		325 sx. Class B				
7 7/8"	5 1/2"	8494'		1579 sx. 50/50 PQZ				
	1 1/4"	3618'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
324	3 hrs.	---	
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	757	755	.75

I. 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.

for John H. Hill, et al
on behalf of Supron Energy Corp.
Drilling & Production Manager
5/12/81
(Date)

OIL CONSERVATION DIVISION
SEP 24 1981

APPROVED
Original Signed by FRANK T. CHAVEZ
BY
SUPERVISOR DISTRICT # 3

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 wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.