J. 01 60-12-	-•-	کــا	1	
DISTRIBUTIO				
ANTA FE		1		
FILE		ΓT		
יי.s.G.s.		<u>i</u>	<u> </u>	
LAND OFFICE		L		
TRANSPORTER	OIL	1		
	G A S			
OPERATOR		I_{-}^{\prime}		
		7	T	1

t	DISTRIBUTION	· -			Form C-104 Supersedes Oid	Form C-104 Supersedes Old C-104 and C-1		
	ANTA FE	REQUEST F	Effective 1-1-65					
:	AND J.S.G.S. AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL /							
	TRANSPORTER GAS	TRANSPORTER						
	OPERATOR							
1.	PRORATION OFFICE							
	Operator							
	Supron Energy Corporation							
	Address D. O. Doyr 202	Formington New Mexico	87401					
		Farmington, New Mexico	Other (Please	explain)				
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner							
H.	DESCRIPTION OF WELL AND L	.EASE Well No. Pool Name, including Fo	prmation	Kind of Lease		Legse No.		
	Lease Name	8 Blanco Mesa		State, Federal or Fe	• Federal	Contr.		
	Jicarilla "A"	O Diano Hos				1,11,11,11,11,11,11,11,11,11,11,11,11,1		
	100	Feet From The North Line	e and 885	Feet From The	West	i		
	Unit Letter <u>E</u> ; <u>1450</u>	reet ross the			•			
	Line of Section 23 Tow	nship 26 N Range	4 W , NMPM	, Rio Arri	.ba	County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address	to which approved co	py of this form is i	o be sent)		
	Name of Authorized Transporter of Cal	cr Condensate XX	Box 108, Farm	nington, New	Mexico 874	401		
	Plateau, Inc. Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas X	Address Give address First Internati	to which approved co	ppy of this form is	abe sent)		
	Gas Company of New Me	xi co	Attention: Mr	R. J. McCre	ary	Lenas		
		Unit Sec. Twp. Ege.	is gas actually connect	ed? When				
	If well produces oil or liquids, give location of tanks.	E 23 26N 4W	No	i 				
	If this production is commingled with	h that from any other lease or pool,	give commingling orde	r number:				
IV.	COMPLETION DATA				g Back Same Re	s'v. Diff. Res'v.		
	Designate Type of Completio	(V)	New Well Workover	Deepen F.W	g Edea Game 118.			
		Date Compl. Ready to Prod.	Total Depth	P.E	9.T.D.			
	Date Spudded	8/17/79	7965		7928	1		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tut	oing Depth			
	6873 R.K.B.	Mesaverde	5621		5701			
	Perforations			Deg	oth Casing Shoe			
	5621 - 5807				7965			
		TUBING, CASING, AND	7		SACKS CE	MENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		34013 02			
	See Previous Reports	for Casing						
		1-1/2", 2.75#, I.J.	5701					
w.	TEST DATA AND REQUEST FO	DE ALLOWARIE (Test must be a	fter recovery of total vol	ume of load oil and π	nust be equal to or	exceed top allow-		
٧.	OIL WELL	2010 70 1111 21	Producing Method (Flo					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (1 to	2, panip, 800 m/s, om	,	į		
		Tubing Pressure	Casing Pressure	Ch	Choke Size			
	Length of Test	. using rissburs						
	Actual Prod. During Test	Cil-Bbis.	Water - Bb.s.	Ga	B-MCF			
					<u> </u>			
	GAS WELL	1	Bbls. Condensate/MM0	TE C.	gvity of Condensat	•		
	Actual Prod. Test-MCF/D	Length of Test 3 hours	BDIB, COMBINEDIO MIMI					
	844 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in) Ch	ioke Size			
	Back Pressure	1198	1198		3/4"			
•	. CERTIFICATE OF COMPLIAN	CE	OIL	CONSERVATION	ON COMMISSIO	N		
VI	. CERTIFICATE OF COMPLIAN	APPROVED	Ail		10			
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.			APPROVED	P (J)		, 19		
			BY_Driving					
			392	TITLE				
	/							
	This form is to be filed in compliance with RULE If this is a request for allowable for a newly drilled If this is a request for allowable for a newly drilled				E 1104. Ned or deenened			
Kenneth E. Roddy (Signature) Production Superintendent Au					DA E (EDMISTION	01 1110 00.12		
			Il tests taken on the	well in accordant	CO MILL KOCE 1	11.		
			All sections of this form must be filled out completely for allowable on new and recompleted wells.					
	August 20, 19		O 7 77 77	I, and VI for ch	anges of owner,			
	Rugust 20; 17	II wall same or numb	er, or transporter, c	offict agen cure	inge of comment			
,			Consects Forms C-104 must be filled for each cool in multiply					