

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	COND 1
OPERATOR	1
PERMISSION OFFICE	

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-100
Effective 1-1-65

I. OPERATOR

Operator **Sapron Energy Corporation**

Address **P. O. Box 808, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box):

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recon	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input type="checkbox"/>

Change Name of Operator

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No., Pos. Name, Including Formation	Kind of Lease	Contract
Jicarilla "E"	10 Basin Dakota	State, Federal or Fee Federal	104
Location	Unit Letter X 1720 Feet From The South Line and 790 Feet From The East		
Line of Section	Township	Range	County
22	26 North	4 West	NMEM, Rio Arriba

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)
Plateau, Inc.		
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	xx	First International Bldg.
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	22	26 North
		4 West
		NMEM, Rio Arriba
		Dallas, Texas--Attn: Mr. R. J. McCrory

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Production (Oil, RAB, PT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Performance	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

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)

Well No., New Well, 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/MVCF	Gravity of Condensate
Testing Method (pump, back prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

June 30, 1977 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 30 1977**, 19
BY **ALAN W. BROWN**
TITLE **GENERAL MANAGER**

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.