NO. OF COPIES REC	EIVED	3	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE		I	
TRANSPORTER	OIL	1	
	GAS	\overline{L}	
OPERATOR		1	

	DISTRIBUTION SANTA FE FILE	REQUEST F	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
_	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PROBATION OFFICE	AUTHORIS ION TO TRAI	NSPORT OIL AND NATURAL (5A3			
I.	Operator	mnomati m					
	Supron Energy Corporation						
	P. O. Box 808, Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box)	Change in Oransporter of:	Other (Please explain)				
	New We!l Recompletion	OII Dry Gas	Change Name of	Operator			
	Change in Ownership	Casinghead Gas Condens	sate				
	If change or ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND I	LEASE		- Manufactural			
	Lease Name Jicarilla """	Well No. Pool Name, Including Fo.	rmation Kind of Leas State, Federa				
	Location						
	Unit Letter 5 1135	Feet From The North Line	and 1605 Feet From	The East			
	Line of Section 16 Tow	mship 26 North Range 4 W	lest , NMPM, Rio A:	criba County			
	Line of Section Tow	n.s.iip	<u> </u>				
III.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)			
	Name of Authorized Transporter of Oil						
	Name of Authorized Transporter of Cas Cras Company of New		Pallas, Texas——Rttn: Is ass actually connected?	Mr. R. J. McCrary			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.		e::			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, a	give commingling order number:				
3 ♥ .	Designate Type of Completion		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.			
				Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tabing Depth			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AND	· · · · · · · · · · · · · · · · · · ·	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil	and must be equal to or exceed top allow-			
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.)							
	Date First New Oil Run To Tanks						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Off-Bbls.	Water - Bbls.	Ga∎-MCF			
	Actual Prod. Daring 1991						
				And the state of t			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	resting Method (phot, oder pre)	,					
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION JUN 29 1977				
	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 (Signature) Area Superincendent						
			ORIGINAL SIGNED BY N. E. MAXVVELL, JR.				
			TITLE PRESCRIPTION WINGINGER DIST. HO 3				
			This form is to be filed in	compliance with RULE 1104.			
			In it form is to be sheet in companied by 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.				

(Title)

(Date)

June 28, 1977

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.