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U.S. S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION 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-110
Effective 1-1-65

Operator: Supron Energy Corporation			
Address: P. O. Box 808, Farmington, New Mexico 87401			
Reason(s) for filing (Check proper box)			
New Well	☐	Change in Transporter of:	
Record	☐	Oil	☐
Change	☐	Casinghead Gas	☐
	☐	Dry Gas	☒
	☐	Condensate	☐
Change Name of Operator			

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "A"	Pool No. 10	Pool Name, including Formation basin Dakota	Kind of Lease State, Federal or Fee Federal	Contract 105
Location				
Unit Letter 0	1080	Feet From The South Line and 1750	Feet From The East	
Line of Section 23	Township 26 North	Range 4 West	NMPM, Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) First International Bldg. Dallas, Texas---Attn: Mr. R. J. McTrary	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? When

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.			
Depth to Oil, Gas, Bl. etc.	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
Casinghead		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE 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.)

Length of Test	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

Length of Test	Bbls. Condensate-MMCF	Gravity of Condensate	
Producing Method (pilot, 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

June 30, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY **ORIGINAL SIGNED BY N. E. MAXWELL, JR.**

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.