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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	Oil
	Gas
OPERATOR	1
PROBATION 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-105  
Effective 1-1-65

I. Operator

**Supron 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 Operator (enter old):	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change Ownership	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
		Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain): **Change Name of Operator**

If change in 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	Federal
<b>Jicarilla "H"</b>	<b>7</b>	<b>Basin; Dakota</b>	State, Federal or Fee	<b>103</b>
Location				
Unit Letter	<b>K</b>	<b>1450</b> Feet From The <b>South</b>	Line and <b>1650</b>	Feet From The <b>West</b>
Line of Section	<b>19</b>	Township <b>26 North</b>	Range <b>4 West</b>	N.M.P.M., <b>Rio Arriba</b> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Plateau, Inc.</b>				
Name of Authorized Transporter of Casinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Gas Company of New Mexico</b>				<b>First International Bldg.</b>
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.					
Interval (Shut-in, RI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Producing Method (pump, back on)	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 29, 1977**

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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.