

DISTRICT

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

1

Operator

Southern Union Exploration Company

Address

1217 Main Street, Suite 400, Texas Federal Bldg., Dallas, Texas 75202

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Change of operator and address.

10300 N. Central Expressway, Bldg. V, 5th Fl.

If change of ownership give name and address of previous owner

SUPRON Energy Corporation, Dallas, Texas 75231

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Jicarilla "B"

Well No.

8

Pool Name, including Formation

Blanco Mesaverde

Kind of Lease

State, Federal or Fee

Federal

Lease No.

106

Location

K

1850

South

1450

West

Unit Letter

Line of Section

25

Township

26N

Range

4W

NMPM,

Rio Arriba

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Plateau, Inc.

Name of Authorized Transporter of Casinghead Gas

Gas Company of New Mexico

Address (Give address to which approved copy of this form is to be sent)

Box 108, Farmington, NM 87401

Address (Give address to which approved copy of this form is to be sent)

First International Bldg., Dallas, TX 75202

If well produces oil or liquids, give location of tanks.

Unit

K

Sec.

25

Twp.

26N

Rge.

4W

Is gas actually connected?

When

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Restv.

Dist. Restv.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, 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

Date First New Oil 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.

Gel MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Testing Method (pilot, back pr.)

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.

Signature

Drilling & Production Engineer

Date

12/30/80

OIL CONSERVATION COMMISSION

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #3

TITLE

This form is to be filed in compliance with RULE 1106.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each well in multi-