

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

I. Operator **Supron Energy Corporation**
Address **P. O. Box 808, Farmington, New Mexico 87401**
Reason for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "F"	Well No. 4	Pool Name, Including Formation South Blanco Pictured Cliffs	Kind of Lease Jicarilla Apache	Lease No. Contract No. 107
Location Unit Letter 0 828 Feet From The South Line and 1485 Feet From The East Line of Section 33 Township 26N Range 4W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Platinum, Inc.	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1st International Bldg., Suite 1800 Dallas, Texas 75201 Attn: Mr. R. J. McGrary			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 33	Twp. 26N	Rge. 4W
Is gas actually connected?		When Upon Pipeline Installation		

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.
		X	X					
Date Spudded 12/4/77	Date Compl. Ready to Prod. 1/19/78		Total Depth 3569		P.B.T.D. 3538			
Elevations (DF, RKB, RT, GR, etc.) 6832 Gr.	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3445		Tubing Depth 3440			
Perforations 1 Perf @ 3445, 3447, 3447.5, 3448, 3448.5, 3449, 3449.5, 3450, 3450.5, 3451, 3452, 3453 and 3454 ft. R.K.B.					Depth Casing Shoe 3568			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7-5/8"		216		118 cu. ft.			
6-3/4"	4-1/2"		3569		285 cu. ft.			
	1-1/2"		3340					

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2640	Length of Test 3 Hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 989	Casing Pressure (Shut-in) 992	Choke Size 3/4"

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

Area Superintendent

February 15, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

By Original Signed by R. H. Kendrick

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.