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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(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "A"	Well No. 21	Pool Name, Including Formation Tapacito Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. Contract No. 105
Location Unit Letter B ; 1190 Feet From The North Line and 1690 Feet From The East Line of Section 13 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau Incorporated	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 checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1st International Bldg., Dallas, Texas Attn: Mr. R. J. McGarry			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 13	Twp. 26N	Rge. 4W
Is gas actually connected?		When Upon Installation of Pipeline facility		

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 7/17/78	Date Compl. Ready to Prod. 8/18/78		Total Depth 3709		P.B.T.D. 3661			
Elevations (DF, RKB, RT, GR, etc.) 6863 Gr.	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3559		Tubing Depth 3520 Ft.			
Perforations 15 size 0.42" Perforations from 3559' to 3616'					Depth Casing Shoe 3709			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7"		213		200			
6-1/4"	4-1/2"		3709		100			

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 1669	Length of Test 3 Hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1033	Casing Pressure (shut-in) 1033	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 Signature

Rudy D. Motto

Rudy D. Motto

(Signature)

Area Superintendent

(Title)

August 18, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

Original Signed by **A. R. Kendrick**
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.