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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRORATION 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

API 30-039-21778

I. Operator
Supren 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 "G"	Well No. 4-A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Contract No. #105
Location Unit Letter D ; 790 Feet From The North Line and 790 Feet From The West Line of Section 11 Township 26 North Range 5 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 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 75270 Attn: Mr. R. J. McGraw			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 11	Twp. 26N	Rge. 5W
Is gas actually connected? No 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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9/13/78	Date Compl. Ready to Prod. 12/13/78		Total Depth 6315 Ft.		P.B.T.D. 6263 Ft.			
Elevations (DF, RKB, RT, GR, etc.) 7238 GR	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 5572 Ft.		Tubing Depth 6102 Ft.			
Perforations 1 Size 0.44" at 5572, 5592, 5596, 5629, 5636, 5640, 5644, 5654, 5663, 5673, 5679, 5890, 5894, 5904, 6081, 6114, 6118, 6133, 6136, 6139, 6146, 6149, 6147, 6172, 6176, 6196, 6223, 6240, 6250								
HOLE SIZE								
CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
13-3/4"			10-3/4"			150		
8-3/4"			7			200		
6-1/4"			4-1/2			350		
2-3/8			6102					

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 1262	Length of Test 3 Hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 900	Casing Pressure (shut-in) 900	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

December 13, 1978

OIL CONSERVATION COMMISSION

DEC 18 1978

APPROVED _____, 19____

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

TITLE **SUPERVISOR DIST. #3**

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.