

DISTRIBUTION	5
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	2
PRORATION OFFICE	

NEW MEXICO OIL AND NATURAL GAS CONSERVATION COMMISSION  
 DEPARTMENT OF REVENUE  
 AUTHORITY DERIVED FROM THE OIL AND NATURAL GAS CONSERVATION ACT  
 AUTHORITY DERIVED FROM THE OIL AND NATURAL GAS CONSERVATION ACT

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

**I. OPERATOR**

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 Transporter	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>

**XX CHANGE NAME OF OPERATOR**

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Hodges</b>	Well No. <b>2</b>	Pool Name <b>Ballard Pictured Cliff</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF 078432</b>
Location				
Unit Letter <b>P</b>	<b>990</b>	Feet From The <b>South</b>	<b>990</b>	Feet From The <b>East</b>
Line of Section <b>28</b>	Township <b>26 North</b>	<b>8 West</b>	County <b>San Juan</b>	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	(Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	(Give address to which approved copy of this form is to be sent)
<b>Gas Company of New Mexico</b>	<b>1st International Bldg., Dallas, Texas 75270</b> <b>Attn: R. J. McCray</b>
If well produces oil or liquids, give location of tanks.	When actually connected?

If this production is commingled with that from any other lease

**IV. COMPLETION DATA**


Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Ordering order number:
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Workover <input type="checkbox"/>
Perforations	Tubing Depth	Deepen <input type="checkbox"/>
HOLE SIZE	CASING & TUBING	Plug Back <input type="checkbox"/>
		Same Res'v. <input type="checkbox"/>
		Diff. Res'v. <input type="checkbox"/>

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

Date First New Oil Run To Tanks	Date of Test	Quantity of total volume of load oil and must be equal to or exceed top allowable for full 24 hours
Length of Test	Tubing Pressure	Testing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Oil - Bbls.	Well Pressure
		Choke Size
<b>GAS WELL</b>	Length of Test	Condensate/MMCF
Actual Prod. Test - MCF/D	Tubing Pressure (shut-in)	Gravity of Condensate
Testing Method (pitot, back pr.)		Well Pressure (shut-in)
		Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil and Gas Conservation Commission have been complied with and that the information above is true and complete to the best of my knowledge and belief.

  
**Rudy D. Motto** (Signature)  
**Area Superintendent** (Title)  
**April 21, 1977** (Date)

OIL CONSERVATION COMMISSION

JUN 24 1977

ORIGINAL SIGNED BY W. E. MAXWELL JR.  
 PETROLEUM ENGINEER DIST. NO. 3

This form is to be filed in compliance with RULE 1104.  
 This is a request for allowable for a newly drilled or deepened well. This form must be accompanied by a tabulation of the deviation and 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, name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiple