

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

NEW MEXICO OIL AND GAS CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORITY 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)	
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"/>
Other (Please explain) CHANGE NAME OF OPERATOR	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Davis	Well No. 2	Post Name Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078430
Location Unit Letter 0 ; 890 Feet From The South 1850 Feet From The East Line of Section 5 Township 26 North 8 West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

If this production is commingled with that from any other well, give well number _____

IV. COMPLETION DATA

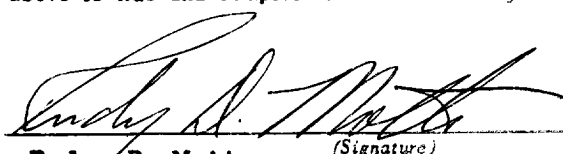
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
Date Spudded	Date Compl. Ready to Prod.	Well Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Shoe						
TUBING & CEMENTING RECORD							
HOLE SIZE	CASING & TUBING	DEPTH SET	SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE

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 Condensate/MMCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			

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 furnished 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

APPROVED **JUL 6 1977**, 19_____
Original Signed by **A. R. Kendrick**
SUPERVISOR DIST. #5

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 logs taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables 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 well in multiple