	NO. OF COPIES RECEIVED						
	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104			
	SANTA FE /	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S.	AUTHODIZATION TO TRA	AND NSPORT OIL AND NATURAL G	AS .			
	LAND OFFICE	AUTHORIZATION TO TRA	HSI OKT OIL AND NATOKAL G				
	TRANSPORTER OIL						
	GAS /			A Commence of the Commence of			
	OPERATOR PROPATION OFFICE			1600 1000			
1.	Operator			CM. COM.			
	Southern Union Produ	action Company		3.31.3			
	P. O. Box 808, Farmi	inaton. New Mexico	87401	Company and the Company			
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Gas	= 1				
	Change in Ownership	Casinghead Gas Conden	sure []				
	If change of ownership give name and address of previous owner						
	and address of provided owner						
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.			
	Newsom "A"	5 Basin Dakot		or Fee Federal SF078430			
	Location						
	Unit Letter M ; 875	Feet From The South Line	e and 810 Feet From T	The West			
	7 Tour	nship 26 North Range 8	West , NMPM, San Ju	ian County			
	Line of Section 3 Town	nsmp 20 Not on hange	, that any				
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approv	adam of this form in to be contil			
	Name of Authorized Transporter of Oil New Mexico Tankers	Inc 10%	·				
	Plateau Inc 90% Name of Authorized Transporter of Cast	inghead Gas or Dry Gas	Farmington. New Mex Address (Give address to which approx	ed copy of this form is to be sent)			
	El Paso Natural Gas		P. O. Box 990, Farmi	Ington, New Mexi87401			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	en .			
	give location of tanks.	M 3 26N 8W	No				
TT /	If this production is commingled with	n that from any other lease or pool,	give commingling order number:				
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	XX	XX	P.B.T.D.			
	Date Spudded 9/9/67	Date Compl. Ready to Prod. 10/4/67	Total Depth 7448 R.K.B.	7414 R.K.B.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	6939 R.K.B.	Dakota	7195 B. K.B.	7311 R.K.B.			
	Perforations			Depth Casing Shoe 7447 R.K.B.			
	7195 - 7403	TUBING CASING AND	CEMENTING RECORD	1771 11.11.12.			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	12-1/4"	8-5/8"	422	250 sacks			
	7-7/8" w/680 cu.ft.,2nd sta	4-1/2"	7448 3rd stage w/1200 cu.	Cemented 1st stage			
	<u>54581 & 30041RKB</u>	1-1/2"	7311				
V.	TEST DATA AND REQUEST FO	RALLOWARIE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-			
OIL WELL able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks	Date of 1480					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
			Water - Bbls.	Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbie.				
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	4.237 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pressure	2067	2027	3/4"			
VI	. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION			
			APPROVED	5 1967 19			
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given					
	above is true and complete to the	best of my knowledge and belief.	BY				
			TITLE SUPERVISOR DIST. #3				
			This form is to be filed in	compliance with RULE 1104.			
			Te at the transport for ellos	this is a request for allowable for a newly drilled or deepened his form must be accompanied by a tabulation of the deviation			
Gi	lbert D. Noland, Jim	ature)	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.				
	Drilling Super						
October 18, 1967			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.				
		ute)	well name or number, or transpor	it be filed for each pool in multiply			
			completed wells.				

NO. OF COPIES RECE	NO. OF COPIES RECEIVED			
DISTRIBUTIO	DISTRIBUTION			
SANTA FE	SANTA FE FILE			
FILE			_	
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1		
IRANSPORTER	GAS]]]		
OPERATOR		1		
PRORATION OF	ICE	1		
Supron Energy				
	n En	ergy	r C	
Address P. O.	Box	808	, ;	
Supro	Box	808	, ;	
Address P. O.	Box	808	, ;	
Address P. O. Reason(s) for filing	Box	808	,;	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110		
	FILE /		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	GAS		
	LAND OFFICE					
	TRANSPORTER GAS /					
	OPERATOR (
	PROPATION OFFICE					
1.	Operator					
	Supron Energy Corporation					
	P. O. Box 808,; Farmington, New Mexico 87401					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	Office (7 tense express)	!		
	Recommenton	Oil Dry Go	os 🔀 Change Hame o	of Operator		
	Change i Ownership	Casinghead Gas Conde	-			
	If shows of sweepship give name					
	if change of ownership give name and address of previous owner					
	DESCRIPTION OF WELL AND LEASE					
11.	Lease Name	Well No. Pool Name, Including F		, =		
	Newsom "A"	5 Basin Dakota	State, Federa	I or Fee Federal SF078430		
	Location					
	Unit Letter M 875 Feet From The South Line and 810 Feet From The West					
	2	. 0/37 .12	•••			
	Line of Section 3 Tow	mship 26 North Range 8	West , NMPM, Sen J	Uen County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS			
	Name of Authorized Transporter of Oil		Aidress (Give address to which approx	ved copy of this form is to be sent)		
	Plateau, Inc.		Farmington. New Mex	i.co 87401		
	Name of Authorized Transporter of Cas		Address (Give address to which approve Box 990, Farm	ico 87/01 ved copy by this form is to be sent) ington, New Mexico 87401		
	El Paso Natural Gas	Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
	If well produces oil or liquids, give location of tanks.	t I I I I I I	1			
	If this production is commingled wit	h that from one other lease or pool	give commingling order number:			
IV.	COMPLETION DATA	n that from any other lease of poor,				
- •	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	8 71 1		Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
			D. CEMENTING DECORD			
		CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	UEF IN SET	33003 52.112.11		
				<u>i</u>		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top at able for this depth or be for full 24 hours)					
	OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water-Bbls.	Ggs-MCF		
	Actual Prod. During Test	Oil-Bbls.	Wilder - Balls.			
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
				Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chora Siza		
			OH CONSERVA	ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	••• 2 A 1077		
	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.		APPROVED	UN 3 1 1977		
				IGNED BY N. E. MAXWELL, JR.		
	above is true and complete to the	best of my knowledge and belief.	PETROLETIA	HENCHMER DIET. BU. 1		
	Original Signed	Ву	TITLE			
	Rudy D. Motto	•	This form is to be filed in	compliance with RULE 1104.		
			I to all form must be accomps	wable for a newly drilled or deepened nied by a tabulation of the deviation		
	MULOV U. MOTTO	iture)	tests taken on the well in acco	Idance with MACE		
	Area Superintendent	·io)	All sections of this form my able on new and recompleted w	ist be filled out completely for allow- ells.		
	June 29, 1977	****/	Fill out only Sections I. I	I. III, and VI for changes of owner,		
				ter or other such change of condition.		

(Date)

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.