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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

Operator SUPRON ENERGY CORPORATION	
Address P.O. Box 808, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Indian	Well No. 6-A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078433
Location				
Unit Letter L : 2240 Feet From The South Line and 845 Feet From The West				
Line of Section 6 Township 26 North Range 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 <input checked="" type="checkbox"/> Plateau Incorporated	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108, Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 6	Twp. 26 N	Rge. 8 W
Is gas actually connected? NO		When Upon connection of the 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 1-10-79	Date Compl. Ready to Prod. 2-2-79	Total Depth 4714		P.B.T.D. 4672					
Elevations (DF, RKB, RT, GR, etc.) 6112 Gr.	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4201		Tubing Depth 4237					
Perforations 1 perf. at 4201, 4206, 4211, 4216, 4221, 4225, 4229, 4246, 4251, 4259, 4261, 4276, 4281, 4287, 4305, 4310, 4344, 4349, 4353, 4360, 4385, 4413, 4439, 4446, 4468, 4472, 4480, 4485, 4500		TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE 12-1/4"		CASING & TUBING SIZE 8-5/8"		DEPTH SET 226		SACKS CEMENT 190			
7-7/8"		5-1/2"		4,709		800			

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 740	Length of Test 3 hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 602 PSIG	Casing Pressure (shut-in) 602 PSIG	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.

Rudy D. Motto  
Rudy D. Motto (Signature)

AREA SUPERINTENDENT  
(Title)

February 2, 1979  
(Date)

OIL CONSERVATION COMMISSION MAR 19 1979	
APPROVED	19
BY	Original Signed by A. R. Kendrick
TITLE	SUPERVISOR DIST. 2

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.