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SANTA FE			
FILE		<u> </u>	
U.S.G.S.		<u> </u>	<u> </u>
LAND OFFICE			<u>.</u>
IRANSPORTER	OIL		
	GAS	<u> </u>	
OPERATOR			
PROBATION OFFICE			l

II.

	SANTA FE	 	T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and (Effective 1-1-65			
	FILE		AND				
	U.S.G.S.	AUTHORIZATION TO TI	RANSPORT OIL AND NATURAL	GAS			
	LAND OFFICE	_					
	TRANSPORTER GAS						
}	OPERATOR						
1.	PRORATION OFFICE						
•	Operator						
	Supron Energy Cor	poration					
	P.O. Box 808, Farmington, New Mexico 87401						
-	Reason(s) for filing (Check proper bo		Other (Please explain)				
l	New Well	Change in Transporter of:	The man	alle tron			
	Recompletion	OII Dry C	Gas Gas	re Change from'			
	Change in Ownership	Casinghead Gas Cond	Bensale July All	ewellegn			
1	f change of ownership give name						
	and address of previous owner						
I. I	DESCRIPTION OF WELL AND	LEASE	Formation Kind of Lea	se Lease No			
	Lease Name	Well No. Pool Name, Inc. caing		ral or Fee Federal SF078384			
-	Newsom "B"	18 Ballard Pictu	reu CIIIIs	1000141 0, 0.000			
-	Unit Letter A : 895 Feet From The North Line and 895 Feet From The East						
		waship 26 North Range	8 West , NMPM, Sa	an Juan County			
L							
I. <u>I</u>	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G.	AS Address (Give address to which appro	oved copy of this form is to be sent)			
	Name of Authorized Transporter of Ol	i Greensare					
H	Name of Authorized Transporter of Ca	singhead Gas 🗶 or Dry Gas 🗔	Address (Give address to which appro	oved copy of this form is to be sent)			
	Gas Company of New Mex		1st International Bldg Attention: R. J. McC	rary			
Ι,	If well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? WY	In Progress			
۱ ۹	give location of tanks.			In IIogicos			
If	this production is commingled wi	th that from any other lease or pool,	give commingling order number:				
'. <u>C</u>	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest			
	Designate Type of Completion		XX	P.B.T.D.			
I	Date Spudded 12-29-79	Date Compl. Ready to Prod. 1-26-80	Total Depth 2340	2300			
-	12-29-19 Revotions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth			
	6291 GR		2101	NA			
F	Perforations 12 Size 0.33"	at 2101,2102,2103,2119,2	121,2188,2189,2190,2191,	Depth Casing Shoe 2340			
		2192,2193, and 2194	D CEMENTING RECORD	2340			
-	101.5.517.5	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
-	9-7/8"	7-5/8"	170'	140 Sx.			
-	6-34"	2-7/8"	2340'	250 Sx.			
\vdash							
			1 - total value of load oil	and must be a marta to seed top allow			
	EST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of social volume of load oil epth or be for full 24 hours)				
	II, WELL ote First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	OK I WAS TO V			
			Casing Pressure	Chok Se			
L	ength of Test	Tubing Pressure	Casing , 1333	118 2 000			
-	ctual Prod. During Test	Oil-Bbls.	Water - Bbls.	Chok St. JUN 25 1000			
				OIL DIS			
'							
	AS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
^	ctual Prod. Test-MCF/D 396	3 Hours	-0-	-0-			
-	esting Method (pitot, back pr.)	Tubing Pressure (Shnt-in)	Cosing Pressure (Shut-in)	Choke Size			
	Back Pressure	NA	627 PSIG	3/4"			
CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION				
JUN A JUNG							
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			Original Staned by En				
above is true and complete to the best of my knowledge and belief.			Original Signed by FRANK T SHAVEZ				
	_		11166	——————————————————————————————————————			
	110-11	// _	This form is to be filed in o	compliance with RULE 1104.			
//	Ruch N Mata	1	If we was a form which he accompanie	vable for a newly drilled or deepener			
Ŕi	udy D. Motto (Signal	we)	well, this form must be accompa- tests taken on the well in accor	dance with RULE 111.			

Area Superintendent (Title)

June 13, 1980

(Date)

All sections of this form must be filled out completely for allow able 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.