

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator Supron Energy Corporation, c/o John H. Hill, et al	
Address 17400 Dallas Parkway, Suite 210, Dallas, Texas 75252 Attn: Ms. Frances Cooper	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Operator Name Change from Hill & Lewellyn to Supron Energy Corporation
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"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newsom A	Well No. 4-E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078430
Location Unit Letter <u>D</u> ; <u>800</u> Feet From The <u>North</u> Line and <u>900</u> Feet From The <u>West</u> Line of Section <u>10</u> Township <u>26 North</u> Range <u>8 West</u> . NMPM, <u>San Juan</u> 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, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79978 Attention: Mr. R. E. Johnson					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 26N	Rge. 8W	Is gas actually connected? No	When In progress

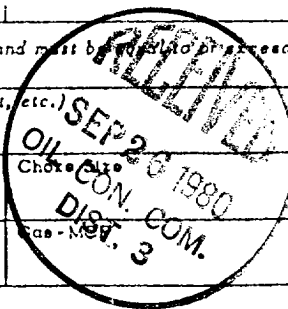
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 5/13/80	Date Compl. Ready to Prod. 7/27/80		Total Depth 7512'		P.B.T.D. 7473'			
Elevations (DI, RT, GR, etc.) 6974' GR	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 7230'		Tubing Depth 7210'			
Perforations 7434, 7436, 7402, 7403, 7404, 7405, 7406, 7394, 7396, 7377, 7379, 7381, 7314, 7316, 7318, 7296, 7298, 7300, 7301, 7304, 7232, 7233, 7234, 7236 (24 shots)					Depth Casing Shoe 7502'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		320'		200 sks Class B			
7-7/8"	5-1/2"		7502'		1606 sks Pozmix (3 stages)			
---	1-1/2"		7210'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be held at pressure 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	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	



GAS WELL

Actual Prod. Test-MCF/D 681	Length of Test 3 Hours	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 966 psig	Casing Pressure (Shut-in) 1348 psig	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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

for John H. Hill, et al
on behalf of and agent for Supron Energy Corp
Exploration and Producing ManagerSeptember 22, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 20 1980, 19BY Original Signed by CHARLES GHOLSON
DEPUTY OIL & GAS INSPECTOR, DIST. #3

TITLE _____

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.