				1	(			
<del> </del>	NO. OF COPIES RECEIVED							
DISTRIBUTI	DISTRIBUTION		<u> </u>			NEW	MEXI	CO OI
SANTA FE				REQUE				
FILE								
U.S.G.S.		<u> </u>	<u></u>		AUTH	ORIZA	ATION	rot i
LAND OFFICE		Ĺ						
IRANSPORTER	OIL GAS							
OPERATOR	1							
PRORATION OF	FICE		├					
Operator		<u> </u>	L	L				
Union Tex	as Pe	tro.	leur	n C	orpora	tion		
Address								
1860 Linc	oln S	tre	et,	Su	ite 10	10,	Denv	er, (
Reason(s) for filing								
,	(Lheck p	roper	box)		-			
New Well	(l.heck p	roper	box)		Change i	n Trans	porter	of:
	((.heck p	roper	box)		Change i	n Trans	porter	of: Dry
New Well		roper	box)		•			
New Well Recompletion Change in Ownershi If change of owners and address of prev	ship give	nam	ne Si	ıpr	Oil  Casinghe  on Ene	end Gas	Corpo	Dry Coi orati
New Well Recompletion Change in Ownership If change of owners and address of prevalence of the complete of the	ship give	nam	ne Si	ıpr	Oil Casinghe On Ene	ergy	Corpo	Cor Corati
New Well Recompletion Change in Ownership If change of owners and address of previous DESCRIPTION O	ship give	nam	ne Si	ıpr	Oil  Casinghe  on Ene	ergy	Corpo	Dry Coi orati
New Well Recompletion Change in Ownership If change of owners and address of prevalence of the control of the c	ship give vious ow F WEL	e nam	ne Si	ıpr	Oil Casinghe On Ene	ergy	Corpo	Dry Com prati
New We!!  Recompletion Change in Ownership  If change of owners and address of prevalence of the completion of the complete of	ship give vious ow F WEL	e nam	ne Si	ıpr ÆA	Oil Casinghe On Ene	ergy Pool 1	Corpo	Dry Com prati
New Well Recompletion Change in Ownership If change of owners and address of prevalence of the control of the c	ship give vious ow F WEL	e nam	ne Si	upr LEA	Oil Casinghe On Ene SE Well No. 7-E Feet Fro	ergy Pool 1	Corpo	Dry Com prati

	DISTRIBUTION	-i								
	SANTA FE	NEW MEXICO OIL (	Form C-104 Supersedes Old C-104 and C-1							
	FILE	REQUEST FOR ALLOWABLE AND			Supersedes Off Effective 1-1-6					
	U.S.G.S.	AUTHORIZATION TO TR.								
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	TRANSPORTER OIL	_			- 046.83					
	GAS	4			SCLEIN					
_	PRORATION OFFICE	-			/allil	A [D /				
I.	Operator	<u> </u>								
	Union Texas Petrole	ım Corporation			JUL 23	3 1982				
	Address			OIL CON.	COM.					
		, Suite 1010, Denver, Col	lorado 80295		DIST	3				
	Reason(s) for filing (Check proper box	)	Other (Please	explain)	0131					
	New Well	Change in Transporter of:	Change o.	F Ownerchip	±~ <u> </u>					
	Recompletion	Oil Dry Go	=   •	coducing Cor	mpany succe	sor to				
	Change in Ownership X	Casinghead Gas Conde	nsate Supron E	nergy Corpor	ration					
	If change of ownership give name	Supron Energy Corporation	n D O Borr 200	Farminata	- N M	- 07404				
	and address of previous owner	suproir Liverey componation	1, 1. 0. DOX 608	, rarmington	i, New Mexic	0 87401				
II.	DESCRIPTION OF WELL AND	LEASE								
	Lease Name	Well No. Pool Name, Including F	1	Kind of Lease		Lease No.				
	Newsom "A"	7-E Ballard Pic	tured Cliffs	State, Federal or F	ee Fed	SF078430				
	Location	Namela	1705		T +					
	Unit Letter B : 605	Feet From The North Lin	1705	_ Feet From The _	East					
	10	washin 26N	8W	San Juan						
	Line of Section 10 To	wnship ZON Range	ow , nmpm,			County				
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	NS.							
	Name of Authorized Transporter of Oil		Address (Give address to	which approved c	opy of this form is to	o be sent)				
	Name of Authorized Transporter of Car	singhead Gas or Dry Gas X	Address (Give address to 1800 First Inte	which approved co	opy of this form is to	o be sent)				
	Gas Company of New N	,	Dallas, Texas	<u>75201</u>						
	If well produces oil or liquids,	Unit Sec. Twp. Rge. B 10 26N 8W	Is gas actually connected Yes	d? When	6/30/81					
	give location of tanks.		1		0/30/81	<del></del>				
	If this production is commingled win COMPLETION DATA	th that from any other lease or pool,	give commingling order	number:						
14.		Oil Well Gas Well	New Well Workover	Deepen Plu	ng Back   Same Res	'v. Diff. Res'v.				
	Designate Type of Completion	on - (X)		!	i i	!				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		B.T.D.	<u> </u>				
	11/5/80	3/20/81	7490		7449					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tub	bing Depth					
	6903 Perforations	Picture Cliffs	2838	Dec	2741					
		6, 58, 60, 62, 64, 66, 7	2. 74. 76:	De	Depth Casing Shoe 7481					
	2030, 30, 32, 3., 3.		CEMENTING RECORD	<u></u>						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEM	ENT				
	12 1/4"	8 5/8"	338		150					
	7 7/8"	5 1/2"	7481		2906					
		1 1/4"	2741							
			<u> </u>	i						
V.	TEST DATA AND REQUEST FOOL WELL		fter recovery of total volum pth or be for full 24 hours)		ust be equal to or e:	xceed top allow-				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,		.)					
	Length of Test	Tubing Pressure	Casing Pressure	Cho	oke Size					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas	- MCF					
		<u> </u>								
	GAS WELL				~					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gra	rvity of Condensate	<del></del>				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Cho	oke Size					
ĺ			ļ							
VI.	CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION								
		APPROVED JUL 2 3 1982 , 19								
	I hereby certify that the rules and r Commission have been complied w	APPROVED	FRANK T. CHA	VEZ .	19					
	Commission have been complied washove is true and complete to the	best of my knowledge and belief.	BY Original Signed to	7 110 000 11 2000		<del></del>				
	Union Texas Petrole	um Corporation	TITLE . SUPERVISOR	L DISTRICT # 3						
		l	IIILE . Joi Envision	. 3.3.mor <b>31.</b> •						
			11	-	liance with RULE					
	YSigno	iture)	well, this form must	be accompanied i	for a newly drille by a tabulation of	the deviation				
	Vice - President	lent	tests taken on the w	ell in accordance	e with RULE 111.	•				
	, (Tig	ie)	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.