

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

## 1.

NO. OF OTHER RECEIVED		
DISTRIBUTION		
SAFETY		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAZ	
OPERATOR		
EXPLORATION OFFICE		

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)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Operator Name Change from <del>Hill &amp; Llewellyn</del> to <del>Supron Energy Corporation</del>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry 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 <b>Newsom</b>	Well No. <b>23</b>	Pool Name, Including Formation <b>Ballard Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF-078433</b>
Location				
Unit Letter <b>I</b> ; <b>1290</b> Feet From The <b>East</b> Line and <b>1910</b> Feet From The <b>South</b>				
Line of Section <b>20</b> Township <b>26 North</b> Range <b>8 West</b> , NMPM, <b>San Juan</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Gas Company of New Mexico					1st International Bldg., Dallas, Texas 75270	
If well produces oil or liquids, give location of tanks.					Attention: Mr. R. J. McCrary	
Unit	Sec.	Twp.	Rge.	Is gas actually connected? when		
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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 6/18/80	Date Compl. Ready to Prod. 7/23/80	Total Depth 2403'				P.B.T.D. 2320'			
Elevations (DT, RT, GR, etc.) 6330' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2064'				Tubing Depth No tubing			
Perforations 2074, 2076, 2078, 2084, 2086, 2088, 2090, 2140, 2142, 2144, 2146, 2152, 2154, 2156 (14 shots)						Depth Casing Shoe 2397'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
10-3/4"	7" & 7-5/8"		234'			220 sks Class B			
6-3/4"	2-7/8"		2397'			750 sks Pozmix			

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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SEP 28 1980  
OIL CON. COM.

## GAS WELL.

Actual Prod. Test-MCF/D 1775	Length of Test 3 Hours	Bbls. Condensate/MMCF None	Gravity of Condensate None
Testing Method (piston, back pr.) Back Pressure	Tubing Pressure (Shut-in) 382 psig	Coating Pressure (Shut-in) 382 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.

Steve K. Comer for John H. Hill, et al  
on behalf of and agent for Supron Energy Corp  
Exploration and Producing Manager

*(Tina)*

September 22, 1980

(Note)

## OIL CONSERVATION DIVISION

APPROVED DEC 2 1980  
Original Signed by FRANK T. CHAVEZ, 19

BY \_\_\_\_\_ SUPERVISOR DISTRICT # 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 logs 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 Form C-104 must be filed for each pool in multiply completed wells.