

# INCLINATION REPORT

Newsom 10-3      20-26N-8W SW/4 SW/4      San Juan      6/28/80  
 WELL NAME      SECTION      TOWNSHIP      RANGE      NEW MEXICO COUNTY      SPUD DATE

Ground Level Elevation 6431 feet MSL  
 R. K. B. Elevation 6435 feet MSL

## RECORD OF INCLINATION

SURVEY NUMBER	MEASURED DEPTH FROM R. K. B.	ANGLE OF INCLINATION	ANGLE UNIT TYPE AND RANGE
1.	925'	$\frac{1}{4}^{\circ}$	6° Eastco Drift Indicator
2.	1360'	$\frac{1}{2}^{\circ}$	
3.	2140'	$\frac{1}{2}^{\circ}$	
4.	2356'	$\frac{3}{4}^{\circ}$	



### CONTRACTORS INCLINATION DATA CERTIFICATION:

I declare that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on this form and that such data and facts are true, correct, and complete to the best of my knowledge.

Western Mfg. & Supply Co., Inc.  
 Drilling Contractor

*Ray S. Radabaugh Jr.*  
 Contractor Representative

July 8, 1980  
 Date

(505) 325-2804  
 Telephone Number

### OPERATORS APPROVAL:

I declare that I have personally reviewed the Contractors Inclination Data Certification and do certify that the inclination data and facts placed on this form are true, correct, and complete to the best of my knowledge.

Supron Energy Company  
 Operator

*Steve R. Connor*  
 Steve R. Connor, P.E. Texas 45628  
 On behalf of Supron Energy Company

11-3-80  
 Date

(214) 385-9100  
 Telephone Number

STATE OF ~~TEXAS~~ New Mexico  
 COUNTY OF San Juan

Before me, a Notary Public, on this day personally appeared Steve R. Connor known to me (or proved to me on the oath of \_\_\_\_\_) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed, and in the capacity therein stated.

Given under my hand and seal of office this 13th day of November, 1980.

2-28-81  
 My Commission Expires

*Laura Wallis*  
 Notary Public in and for San Juan County,  
New Mexico.

## P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANITARY	
FILE	
D.E.G.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PROPAGATION OFFICE	

Supron Energy Corporation c/o John H. Hill, et al

Address Kysar Building, Suite 020, 300 W. Arrington; Farmington, N. M. 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 <b>Newsom</b>	Well No. <b>10-R</b>	Pool Name, Including Formation <b>Ballard Pictured Cliffs</b>	Kind of Lease State, Federal or Free <b>Federal</b>	Lease No. <b>SF-078433</b>
Location Unit Letter <b>M</b> : <b>1045</b> Feet From The <b>South</b> Line and <b>1215</b> Feet From The <b>West</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

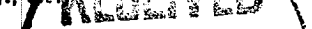
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>						
Name of Authorized Transporter of Casinghead Gas <input checked="" 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	
					Attention: Mr. R. J. McCrary	
If well produces oil or liquids, give location of tanks.					Unit	When
					Sec.	
					Twp.	
					Rge.	
					No	-

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

#### IV. COMPLETION DATA

COMPLETION DATA										
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6/28/80			Date Compl. Ready to Prod. 9/24/80		Total Depth 2356'		P.B.T.D. 2320'			
Elevations (D <sub>1</sub> , RT, GR, etc.) 6431' GR			Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2190'		Tubing Depth -			
Perforations 2190-92-94-2200-02-04-06-20-22-24-26-32-34-36							Depth Casing Shoe 2353'			
TUBING, CASING, AND CEMENTING RECORD										
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
9 7/8		7"		258'		100 SX				
6 1/4		2 7/8		2353'		550 SX				

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.	

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
237 -----	----- 3 hrs.	-----	-----
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	219	-----	----- 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 R. C. for John H. Hill, et al  
on behalf of and agent for Supron Energy Corp.  
Exploration and Producing Manager

(Title)

(Date)

## OIL CONSERVATION DIVISION

APPROVED DEC 2 1980, 1980

Original Signed by FRANK T. CHAVEZ

**SUPERVISOR DISTRICT # 3**

**TITLE** \_\_\_\_\_

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 transported, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.

DISTRIBUTION		
ANTA FE		
FILE		
J.S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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 1-1-55

Southern Union Exploration Company	
Address 1217 Main Street, Dallas, Texas 75202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of operator's name and address
Completion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change of ownership give name and address of previous owner 10300 N. Central Expressway, Bldg. V., 5th Fl. SUPRON Energy Corporation, Dallas, Texas 75231	

DESCRIPTION OF WELL AND LEASE				
Lease Name Newsom	Well No. 10-R	Pool Name, Including Formation Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078433
Location				
Unit Letter M	Feet From The 1045	South	Line and 1215	Feet From The West
Line of Section 20	Township 26 N	Range 8 W	San Juan County	

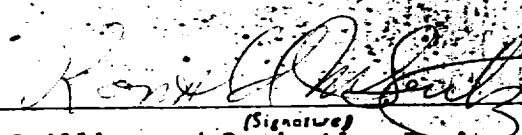
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> 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 Attention: Mr. R.J. McCrary		
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? When

this production is commingled with that from any other lease or pool, give commingling order number								
COMPLETION DATA								
Designate Type of Completion - (X)								
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE I. WELL			
(Test must be after recovery of total volume of load oil and gas, 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

AS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Cementing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.	
	
Drilling and Production Engineer	
12/30/80	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED FEB 19 1981	
BY SUPERVISOR DISTRICT #	
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 Form C-104 must be filed for each pool in multiple	