

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
REGISTRATION OFFICE	

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 & Llewellyn to Supron Energy Corp.	
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 Hodges		Well No. 16	Pool Name, Including Formation Ballard Pictured Cliffs		Kind of Lease State, Federal or Fee	Federal	Lease No. SF-078432
Location Unit Letter <u>L</u> ; <u>1115</u> Feet From The <u>West</u> Line and <u>1715</u> Feet From The <u>South</u> Line of Section <u>21</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

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. McGarry	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	--	--	--	--	No	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.
Date Spudded 6/6/80	Date Compl. Ready to Prod. 7/23/80	XX		XX			P.B.T.D. 2368'		
Elevations (D _h 3, RT, GR, etc.) 6403' GR	Name of Producing Formation Pictured Cliffs	2146'		Tubing Depth No tubing					
Perforations 2151, 2153, 2157, 2159, 2170, 2172, 2174, 2178, 2202, 2204, 2209, 2211, 2213, 2215, 2222, 2224, 2232, 2234, 2236 (19 shots)							Depth Casing Shoe 2393'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
10-3/4"	7"		180'			120 sks Class B			
6-3/4"	2-7/8"		2393'			750 sks Pozmix			

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL			
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

GAS WELL

Actual Prod. Test-MCF/D 881	Length of Test 3 Hours	Bbls. Condensate/MMCF None	Gravity of Condensate None
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 597 psig	Casing Pressure (Shut-in) 597 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.

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

September 22, 1980

OIL CONSERVATION DIVISION

APPROVED **NOV 19 1980**, 19

APPROVED _____
BY _____

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 III.

All sections of this form must be filled out completely for allow-
able on new and uncompleted walls.

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.