ENERGY AND MINERALS DEPARTMENT

Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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 [XX] Change in Transporter of: Oil [ ] Dry Gas [ ]

Recompletion [ ] Casinghead Gas [ ] Condensate [ ]

Change in Ownership [ ]

Other (Please explain): ~~Operator Name Change from Hill & Llewellyn to Supron Energy Corp.~~

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hodges	1-Y	Ballard Pictured Cliffs	State, Federal or Fee Federal	SF-078432

Location

Unit Letter E : 1770 Feet From The North Line and 860 Feet From The West

Line of Section 21 Township 26 North Range 8 West , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
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Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]: Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent): 1st International Bldg., Dallas, Texas 75270 Attention: Mr. R. J. McCrary

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.
		XX	XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/28/80	7/23/80	2407'	2275'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6397' GR	Pictured Cliffs	2140'	No tubing
Perforations 2167, 2169, 2175, 2177, 2181, 2183, 2222, 2224, 2231, 2233, 2235, 2237, 2239 (14 shots)			**Depth Casing Shoe** 2396'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10-3/4"	7"	220'	125 sks Class B
6-1/4"	2-7/8"	2380'	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**

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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
755	3 hours	None	None
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	653 psig	653 psig	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 Cooper for John H. Hill, et al

on behalf of and agent for Supron Energy Corp

Exploration and Producing Manager

(Title)

September 22, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 19 1980, 19 _____

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 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.