

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Supron Energy Corporation, % John H. Hill et al

Address Kyser Building, Suite 020, 300 W. Arrington, Farmington, New Mexico 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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 <u>Hodges</u>	Well No. <u>20</u>	Pool Name, Including Formation <u>Ballard Pictured Cliffs</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SE-078432</u>
Location Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>820</u> Feet From The <u>West</u>				
Line of Section <u>34</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

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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Gas Company of New Mexico</u>	<u>1st International Bldg., Dallas, Texas 75270</u> <u>Attention: Mr. R. J. McCrary</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	<u>No</u>

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 Restv.	Diff. Restv.
		<u>XX</u>	<u>XX</u>					
Date Spudded <u>9/4/80</u>	Date Compl. Ready to Prod. <u>11/11/80</u>		Total Depth <u>2612'</u>		P.B.T.D. <u>2582'</u>			
Elevations (DA, RT, GR, etc.) <u>6617' GR</u>	Name of Producing Formation <u>Pictured Cliffs</u>		Top Oil/Gas Pay <u>2333'</u>		Tubing Depth <u>N/A</u>			
Perforations <u>2342, 44, 46, 66, 82, 84, 86, 88, 90, 94, 2402, 04</u>					Depth Casing Shoe <u>2599'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>10-3/4"</u>	<u>7" 26# K-55</u>		<u>221'</u>		<u>125 sk Class B</u>			
<u>6-1/4"</u>	<u>2-7/8" 6.5# J-55</u>		<u>2599'</u>		<u>420 sk Class B</u>			

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)

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.	Gcs-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>421</u>	Length of Test <u>3 Hours</u>	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>376</u>	Casing Pressure (Shut-in) -----	Choke Size <u>3/4</u>

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.

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

(Title)

November 24, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 22 1980 DEC 22 1980, 19
Original Signed by FRANK T. CHAVEZ
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 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 multiply completed wells.