

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AS OF DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR
Operator
Supron Energy Corp. % John H. Hill, et al
Address Suite 020, Kysar Building
300 W. Arrington, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newsom	Well No. 17-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078433
Location Unit Letter <u>P</u> <u>860</u> Feet From The <u>South</u> Line and <u>910</u> Feet From The <u>East</u> Line of Section <u>20</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 ☐ or Condensate ☒ Plateau Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108; Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990; Farmington, N.M. 87401 D. Vilven					
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>20</u>	Twp. <u>26</u>	Rge. <u>8</u>	Is gas actually connected? <u>No</u>	When

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.
		(X)	(X)					
Date Spudded 2/3/81	Date Compl. Ready to Prod. 4-8-81		Total Depth 7000'		P.B.T.D. 6840			
Elevations (DT 3, RT, GR, etc.) 6368' GR	Name of Producing Formation Basin Dakota		Top Oil/Gas Pay 6585		Tubing Depth 6625			
Perforations 6585, 95, 99, 6602, 06, 10, 76, 77, 80, 83, 87, 92, 6720, 22, 24, 33, 64, 66, 68, 70					Depth Casing Shoe 7000'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		295.8'		275 sx. Class B			
7 7/8"	4 1/2"		7000'		1496sx. 50/50 Poz(3stage			
	1 1/2"		6625'					

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 2203	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1736	Casing Pressure (shut-in) 1736	Choke Size .75

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.

for John H. Hill, et al
on behalf of Supron Energy Corp.
Drilling & Production Manager

5-5-81
(Date)

OIL CONSERVATION DIVISION

JUN 10 1981

APPROVED _____, 12

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 Forms C-104 must be filed for each pool in multiply completed wells.