NO. OF COPIES RECEIVED	ľ	
DISTRIBUTION	NEW MEXICO OIL	CONSER
SANTA FE /	REQUEST	
FILE /		AND
U.S.G.S.	_ AUTHORIZATION TO TR	ANSPO
LAND OFFICE		
TRANSPORTER GAS /		
OPERATOR 2		
PRORATION OFFICE Operator		
Supron Energy Corp		510a
Reason(s) for filing (Check proper bo		407
New Yell	Change in Transporter of:	
Recompletion	Oil Dry G	7==
Change in Ownership	Casinghead Gas Conde	ensate [_
Lease Name	Ve. No. Pool Nume, Including I	Formatter
Lease Name Nevaio Indian "B"	LEASE Well No. Pool Nume, including l	_
Lease Name Nevajo Indian "B" Locatio	Well No. Pool Nume, Including I	louave
Lease Name Nevajo Indian "B" Locatio	We., No.: Pool Name, Including I	louave
Lease Name Nevajo Indian "B" Locatio Unit alore a N 1 11	Well No. Pool Nume, Including I	louave
Line of Section 19	Wel. No. Pool Name, Including 1 Blanco # BO Feet From The South Li ownship 27N Range RTER OF OIL AND NATURAL G	legave
Lease Name Newnjo Indian BH Locatio Unit Loter N 11 Line of Section 19 To DESIGNATION OF TRANSPOR Name of Authorized Transporter of Co	We. No. Pool Nume, Including 1 3 Blanco # 80 Feet From The South Li ownship 27N Range RTER OF OIL AND NATURAL G	legave ne and
Lease Name Nevajo Indian BM Locatio Unit and a M 11 Line of Section 19 To DESIGNATION OF TRANSPOR Name of Authorized Transporter of Co	Well No. Pool Name, Including Blanco &	ne and
Lease Name Navajo Indian BM Locatio Unit and a N 11 Line of Section 19 To DESIGNATION OF TRANSPOR Name of Authorized Transporter of Co State of Authorized Transporter of Co Gas Company of New M	Well No. Pool Name, Including Blanco &	ne and
Lease Name Navajo Indian BM Locatio Unit and to M : 11 Line of Section 19 To DESIGNATION OF TRANSPOR Name of Authorized Transporter of Co	Well No. Pool Name, Including Blanco &	8W AS Addre
Lease Name Nevajo Indian BM Locatio Unit and m N 11 Line of Section 19 To DESIGNATION OF TRANSPOR Name of Authorized Transporter of Co Gas Company of New M If well produces oil or liquids, give location of tanks.	Blanco Blanco	SW AS Addre Addre Is gas
Lease Name Nevajo Indian BM Locatio Unit and m N 11 Line of Section 19 To DESIGNATION OF TRANSPOR Name of Authorized Transporter of Co Gas Company of New M If well produces oil or liquids, give location of tanks. If this production is commingled w	Blanco Bl	8W AS Addre
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Lease Name Neve jo Indian BM Locatio Unit and M M 11 Line of Section 19 To DESIGNATION OF TRANSPOR Name of Authorized Transporter of Co Was Company of New M If well produces oil or liquids, give location of tanks. If this production is commingled w COMPLETION DATA Designate Type of Completic	Blanco # Blanco	SW AS Addre Addre Is gas Rew V
Lease Name Nevajo Indian BM Locatio Unit 1. 19	Blanco Bl	RW AS Addre Addre Is gas Reve co
Lease Name Neva jo Indian BM Location Unit maker N 11 Line of Section 19 To DESIGNATION OF TRANSPOR Name of Authorized Transporter of Co Name of Authorized Transporter of Co Gas Company of New M If well produces oil or liquids, give location of tanks. If this production is commingled w COMPLETION DATA Designate Type of Completi Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Blanco Bl	Addre 1 Sw New V

June 25, 1977

DISTRIBUTION SANTA FE / FILE /	RE Q UEST	CONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS / OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS	
Supron Energy Corne	ration			
Address		104		
Reason(s) for filing (Check proper box,		Other (Please explain)		
New Veil Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Castinghead Gas Conder	inange in nam	e of Operator	
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND	LEASE. We. No.; Pool Nuce, including Fo	ormatics Kind of Leas.	: Lease No.	
lievaio Indian "B"	3 Blanco Me	State, Federa	Ind. I-149	
Locatio X 116	O Feet From The South Lin	ne and 1/50 Feet From 1	The Wast	
Line of Section 19 Tov	vnship 27N Range	8W , NMPM, San Ju	<u>AT</u> County	
II. DESIGNATION OF TRANSPORT		Address (Give address to which approx	ved copy of this form is to be sent)	
Name of Authorized Transporter of Cas		Address (Give address to which appro-		
Gas Company of New Me	Unit Sec. Twp. Rge.	Is gas actually connected? Who		
If this production is commingled with	th that from any other lease or pool,	give commingling order number:		
Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Tota. Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
; erforations		i	Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a	fter recovery of total volume of load oil spth or be for full 24 hours)	and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	OI: - Bbls.	Wate: - Bbls.	Gas - MCF	
Actual Pred, During Test	015518.			
GAS WELL			Service and the service and th	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
OF COMPLIANT	THE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
VI. CERTIFICATE OF COMPLIANO		BY TITLE PETROLEUM ENGINEER DIST. NO. 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.		
I hereby certify that the rules and r Commission have been complied w	with and that the information given			
spove is true and complete to the	best of my knowledge and belief.			
Origir	nal Signed By			
Rudy	D. Motto			
Rudy D. Motto (Signa	iture)			
Area Superintendent	le)	All sections of this form must be filled out completely for allow able 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.