	DISTRIBUTIO		
	SANTA FE		
	FILE		
	U.S.G.S.		
	LAND OFFICE		
	IRANSPORTER	OIL	
		GA5	
	OPERATOR		
1.	PRORATION OF		
	Operator		

Recompletion

Change in Ownership

March 20, 1981

(Date)

SUPRON ENERGY CORPORATION

P.O. Box 808, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New We!! X Change in Transporter o

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATUR

87401

Dry Gas

Condensate [

Change in Transporter of:

Casinghead Gas

011

TION COMM OWABLE	ISSION		Form C-104 Supersedes Effective 1-	Old C-104 and C-1 1-65
OIL AND I	NATURAL	GAS		
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Other (Please	explain)			
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		· · · · · · · · · · · · · · · · · · ·		
	Kind of Leas	e		Lease No.
	State, Federa	ıl or Fee	Fed. SF	080724A
20	_Feet From	The	ast	
, NMPM,	San	Juan		County
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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 ompleted wells.

DESCRIPTION OF WELL A	ND LEASE							
Lease Name	Well No. Pool Name	, Including Forma	tion		Kind of Leas			Lease No
Zachry	19-E Basin	Dakota			State, Feder	alor Fee Fe	d. SF	080724
Location								
Unit Letter O ;	1120 Feet From The Sou	ith Line an	d152	0	Feet From	The East		
Line of Section 12	Township 28 North	Range 10	West	, NMPM	, San	Juan		County
DESIGNATION OF TRANSPO	ORTER OF OIL AND NAT	TURAL GAS	-					
Name of Authorized Transporter of			dress (Give	e address i	o which appro	oved copy of the	s form is to	be sent)
Plateau, Inc.			P.O. Box 108, Farmington, New Mexico 87401					
Name of Authorized Transporter of	Gas X Ad	Address (Give address to which approved copy of this form is to be sent) First International Building - Dallas, Texas						
Southern Union G	Southern Union Gathering Company				R.J.	McCrary	Darras	, ienas
If well produces oil or liquids,	Unit Sec. Twp.		gas actuall			ien		
give location of tanks.	O 12 28N	1 1 OW		NO.	i			
If this production is commingled	with that from any other lea	se or pool, give	comming	ling order	number:			
COMPLETION DATA		Gas Weli Nev	w Well V	Workover	Deepen	Plug Back	Same Res'	Diff. Res
Designate Type of Compl	etion = (X)	XX	XX		I t	i i	! !	1
Date Spudded	Date Compl. Ready to Pro		al Depth		1	P.B.T.D.	L	_1
12-9-80	3-19-81		656	50		6	520	
Elevations (DF, RKB, RT, GR, etc		ion Tor	011/Gas 1			Tubing Dept		
5675 R.K.B.	Dakota		628	9 3		6	240	
Perforations						Depth Casin	g Shoe	
6283 - 6457						6	560	
0203 013,	TURING CA	ASING, AND CE	MENTING	RECOR	<u> </u>			
HOLE SIZE	CASING & TUBING			EPTH SE		SA	CKS CEME	NT
12-1/4"	8-5/8", 24.00#	3.22		266	·	25		
7-7/8"	4-1/2", 10.50#			560		132		20001
7,70	2-3/8", E.U.E.,	1 70#	-	240	· · · · ·	132	<u> </u>	19037
	2-5/0 , 1.0.1.	4.70#	02	240		+	***	
TEST DATA AND REQUEST OIL WELL	ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)							ged top allo
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift		t, etc.)			
Length of Test	Tubing Pressure	Сав	ing Pressu	ure.	· · - · · · · · · · · · · · · · · · · ·	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Wate	er - Bbla.			Gas-MCF		
		_1				<u></u>		·
GAS WELL	Length of Test	T BY				To 10		
Actual Prod. Test-MCF/D		Boil	. Condens	dte/MMCF		Gravity of Co	ondensate	
1042	3 hours			4-5	4-1			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in	Cas	ing Pressu	te (Spat-	inj	Choke Size		
Back Pressure	782		-			3/4	7	
CERTIFICATE OF COMPLIA	INCE			OILC	ONSERVA	TION COM	MISSION	
		- 11		1	MARÍ	-05 I		
I hereby certify that the rules an Commission have been complied	i with and that the informat	ion given	PROVE			13.5	, 19	
Above is true and complete to the best of my knowledge and belief.			BY Original Stand 1 1 PER OFF EMANGE SUPERVISOR DISTRICT # 3					
			1116					
* /	!	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.						
Kenneth E. Roddy	we							
Production Superintendent			All sec	tions of t	his form mu	at be filled ou		ly for allo
(Title)			All sections of this form must be filled out completely for allo able on new and recompleted wells.					