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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

Address

P.O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☒

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☐

Casinghead Gas ☐

Condensate ☐

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.

Zachry

24

Bloomfield Chacra Ext.

State, Federal or Fee

Fed. SF

080724-

Location

Unit Letter

N

870

Feet From The

South

Line and

1600

Feet From The

West

Line of Section

10

Township

28 North

Range

10 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)

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

Address (Give address to which approved copy of this form is to be sent)

Southern Union Gathering Company

First International Building - Dallas, Texas

Attention: Mr. R.J. McCrary

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

No

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

Some Res'v.

Diff. Res

XX

XX

Date Spudded

12-28-80

Date Compl. Ready to Prod.

2-5-81

Total Depth

3170

P.B.T.D.

3121

Elevations (DF, RKB, RT, GR, etc.)

5808 R.K.B.

Name of Producing Formation

Chacra

Top Oil/Gas Pay

2967

Tubing Depth

No Tubing

Perforations

2967 - 3086

Depth Casing Shoe

3153

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

9-7/8"

7-5/8", 26.40#

204

200

6-3/4"

2-7/8" EUE, 6.50#

3153

530

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load at production rate 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

Actual Prod. During Test

Oil - Bbls.

Water - Bbls.

CHOKED

FEB 11 1981

OIL CON. DIV.

Dist. 3

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

523

3 hours

Testing Method (pilot, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

Back Pressure

1029

3/4"

I. 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.

Kenneth E. Roddy

(Signature)

Production Superintendent

(Title)

February 5, 1981

(Date)

OIL CONSERVATION DIVISION

FEB 11 1981

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT 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 deviated 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 multiple completions.