OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

[1140		
DISTRIBUTION			
SANTA FE			
PILP			
U.S.U.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAL		
DPERATOR			
PROBATION OFF	IC E		
CIENTALES			

December 23, 1980

(Date)

	TRANSPORTER GAS REQUEST FOR ALLOWABLE AND									
1.	PROPATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operation Operation Operation									
	SUPRON ENERGY CORF	SUPRON ENERGY CORPORATION								
	P.O. Box 808, Farm	mington, New Mexico	874	01						
	Reason(s) for (iling (Check proper box) Other (Please explain)									
	New Well	Change in Transporter								
	Recompletion	011	Dry G	= $-$						
	Change in Ownership	Casinghead Gas	Conde	nsate						
	If change of ownership give name and address of previous owner				<u>=</u>					
П.	DESCRIPTION OF WELL AND	Vell No. Pool Name,	Including F	ormation	Kind of Lease	•	Lease No.			
	Angel Peak "B"	30 Bloomfi	eld Chá	acra Extension	State, Federa	lorFee Fed. SI	47017-B			
	Unit Letter B : 79	O Feet From The NO	o <u>rth</u> Lin	e and	_ Feet From ?	The <u>East</u>				
	Line of Section 13 To	ownship 28 North	Range	11 West , NMPM,	San	Juan	County			
ıп.	DESIGNATION OF TRANSPOR	TER OF OIL AND NAT	URAL GA	.s						
	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 X			Address (Give address to which approved copy of this form is to be sent) First International Building - Dallas, Texas						
	Southern Union Gathe	Unit Sec. Twp.	Rge.	Attention: Mr.						
	If well produces oil or liquids, give location of tanks.		1	No						
	If this production is commingled with COMPLETION DATA									
	Designate Type of Completi		Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Res'v.			
	Designate Type of Completi		XX	XX	1	1 .				
	Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
	11-13-80	12-22-80		Top Oil/Gas Pay)	3024 Tabing Depth				
	Elevations (DF, RKB, RT, GR, etc.)	1	on	,	A Market Commence	No Tubing				
	5793 R.K.B.	Chacra		2860	1 3	Depth Casing Shoe				
	Perforations 2860 - 2980					3056				
		TUBING, CAS	ING, AND	CEMENTING RECOR		0 1000 				
	HOLE SIZE	CASING & TUBING	SIZE	DEPTH SE	TOIL or	SACKS CEM	ENT			
[12-1/4"	7-5/8", 26.40#		262	17 17 17	COM. 250				
	6-3/4"	2-7/8", 6.50#		3056	12.21	3 530				
			· · · · · · · · · · · · · · · · · · ·							
	TEST DATA AND REQUEST F	OR ALLOWABLE (Test	must be of for this de	ter recovery of total volum oth or be for full 24 hours)	e of load oil a	nd must be equal to or ex	cceed top allow			
Ī	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				
Į						<u> </u>				
	GAS WELL									
ſ	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate				
	750	3 hours								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in))	Cosing Pressure (Shut-1	(a)	Choke Size				
L	Back Pressure	<u> </u>		1038		3/4"				
VI. (VI. CERTIFICATE OF COMPLIANCE		OIL CO	NSERVATI IAN 12	ON DIVISION					
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.			Original Signed by FRANK T. CHAVEZ							
			BY	ERVISOR DISTRI						
	Kenneth E. Roddy Kinneth E. Karly			y 111 CC						
				This form is to be filed in compliance with RULE 1104.						
_	Kenneth E. Roddy	unnech C. M.	ary	wall this form must b	S ACCOMPAN	ible for a newly drilled led by a tabulation of	the deviation			
	• •	(Signalwe) Production Superintendent			oli in accord	ance with BULE 111.				
-	(Tii	All sections of this form must be filled out completely for allowable on new and recompleted wells.								

Fill out only Sections 1, 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 expoleted wells.