

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			
Operator			

SUPRON ENERGY CORPORATION

**Address**

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

Other (Please explain)

Reason(s) for filing (Check proper box)

New Well ☒

**Change in Transporter of:**

### Recompletion

011

**Dry Gas**

Change in Ownership ☐

### Casinghead Gas

### Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

### I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	State, Federal or Fee	Fed. NM	020498A
Eaton Federal	1-E	Basin Dakota			

Location \_\_\_\_\_  
Unit Letter D : 1110 Feet From The North Line and 885 Feet From The West \_\_\_\_\_  
Line of Section 15 Township 28 North Range 11 West , NMPM, San Juan \_\_\_\_\_ County

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					P.O. Box 108, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					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.	Rgs.	Is gas actually connected?	When
	D	15	28N	11W	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

### V. COMPLETION DATA

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res.
Designate Type of Completion - (X)			XX	XX					
Date Spudded 3-28-81	Date Compl. Ready to Prod. 8-23-81		Total Depth 6300		P.B.T.D. 6259				
Elevations (DF, RKB, RT, GR, etc.) 5568 R.K.B.	Name of Producing Formation Dakota		Top Oil/Gas Pay 6013		Tubing Depth 6150				
Perforations 6013 - 6152						Depth Casing Shoe 6300			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00#	294	250
7-7/8"	4-1/2", 10.50#	6300	900 (3 stages)
	2-3/8" EUE, 4.70#	6150	

<b>V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b>		(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 of Test	Producing Method (Flow, pump, gas lift, etc.)	

TEST DATA AND REQUIRED OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tanks	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

## GAS WELL

<b>GAS WELL</b>		Bbls. Condensate/MMCF	<b>OIL</b> Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		Dist. 3
808	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	933	979	3/4"

**OIL CONSERVATION DIVISION** 01 1001

## 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.

Kenneth E. Roddy

(Signature)

Production Superintendent

(Title)

August 26, 1981

(Date)

**APPROVED**

BY Original Signed by FRANK T. CHAVEZ

BY CHIEF SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

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 allocation 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-wells.