

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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 *add*

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Angel Peak "B" Well No. 25-E Pool Name, including Formation Basin Dakota Kind of Lease State, Federal or Fee Lease No. Fed. SF 047017 B
 Location
 Unit Letter F : 1585 Feet From The North Line and 1560 Feet From The West
 Line of Section 24 Township 28 North Range 11 West, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Plateau, Inc. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 108, Farmington, New Mexico
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 990, Farmington, New Mexico
 If well produces oil or liquids, give location of tanks. Unit F Sec. 24 Twp. 28N Rge. 11W Is gas actually connected? No When _____

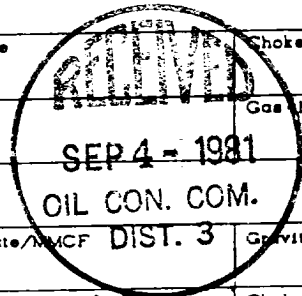
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA
 Designate Type of Completion - (X) Oil Well _____ Gas Well XX New Well XX Workover _____ Deepen _____ Plug Back _____ Same Res'v. _____ Diff. Res'v. _____
 Date Spudded 1-3-81 Date Compl. Ready to Prod. 9-1-81 Total Depth 6480 P.B.T.D. 6435
 Elevations (DF, RKB, RT, GR, etc.) 5770 R.K.B. Name of Producing Formation Dakota Top Oil/Gas Pay 6180 Tubing Depth 6193
 Perforations 6180 - 6366 Depth Casing Shoe 6479

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8", 24.00#</u>	<u>288</u>	<u>225</u>
<u>7-7/8"</u>	<u>4-1/2", 10.50#</u>	<u>6479</u>	<u>1375 (3 stages)</u>
	<u>2-3/8" EUE, 4.70#</u>	<u>6193</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 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.



Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u>1281</u>	<u>3 hours</u>	<u>DIST. 3</u>	
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Back pressure</u>	<u>813</u>	<u>----</u>	<u>3/4"</u>

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)
September 2, 1981
 (Date)

OIL CONSERVATION DIVISION
OCT 14 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.