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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

30-045-23532

I. Operator
SUPRON ENERGY CORPORATION

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

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mims State Com	Well No. 1-A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee State B-1	Lease No. 10870-6
Location Unit Letter D ; 925 Feet From The North Line and 855 Feet From The West Line of Section 16 Township 29 North Range 9 West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 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"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) First International Bldg. - Dallas, Texas Attention: Mr. R.J. McCrary	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 16
	Twp. 29N	Rge. 9W
	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	Same Res't.	Diff. Res't.
		XX	XX					
Date Spudded 11-13-79	Date Compl. Ready to Prod. 4-16-80		Total Depth 4872		P.B.T.D. 4816			
Elevations (DF, RKB, RT, GR, etc.), 5788 R.K.B.	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 3929		Tubing Depth 4553			
Perforations 3929 - 4605					Depth Casing Shoe 4859			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8", 32.30#		305		250			
8-3/4"	7", 23.00#		2592		265			
6-1/4"	4-1/2", 9.50#		4859		250			
	2-1/16", 3.25#		4553					

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.

GAS WELL

Actual Prod. Test-MCF/D 855	Length of Test 3 hours	Bbls. Condensate/MMCF
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 560	Casing Pressure (Shut-in) ----
		Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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)

April 23, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 25 1980**, 19

BY **Original Signed by FRANK T. CHAVEZ**

SUPERVISOR DISTRICT # 3

TITLE

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.

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 multiply completed wells.