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	GAS	1	
OPERATOR		2	
PRORATION OFFICE			
Operator			

DISTRIBUTION SANTA FE FILE		CONSERVATION COMMISSION Form C-104 FOR ALLOWABLE Supersedes Old C-104 and C- AND Effective 1-1-65		
U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS / OPERATOR Z	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
I. PRORATION OFFICE Operator				
Supron Energ	y Corporation			
P.O. Box 808 Reason(s) for filing (Check proper by New Well Recompletion	Change in Transporter of:	Other (Please explain)	_	
Change in Ownership	Oil Dry G Casinghead Gas Conde	change in name	of operator	
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AN	D LEASE Well No. Pool Name, Including			
Congress Location		Pictured Cliffs State, Fede	SP-odd No.	
Unit Latter M ; 99	6 Feet From The South Li	ne and 990 Feet From	The West	
Line of Section 35	Township 29 North Range	11 West , NMPM,	San Juan County	
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of C			oved copy of this form is to be sent)	
Name of Authorized Transporter of C		Address (Give address to which appring 1st International Bloattn: R. J. McCrary	oved copy of this form is to be sent) lg., Dallas, Texas 75270	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. M 35 29N 11W		March, 1952	
If this production is commingled IV. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:		
Designate Type of Comple	tion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a		l and must be equal to or exceed top allow-	
OIL WELL Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls,	Gan Mgs	
GAS WELL			101 001	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condendate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMISSION		
Commission have been complied	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. Original Signed By APPROVED JUL 5 1977 Original Signed by A. R. Kend SUPERVISOR DIST. #3		, , , ,	
· _			. #3	
Rudy D. Mo	rto	This form is to be filed in compliance with RULE 1104.		
•	nature)	If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.		
(7	Area Superintendent (Title)		ust be filled out completely for allow-	
July 2, 19	17 Date)	able on new and recompleted w Fill out only Sections I. well name or number, or transpo	II, III, and VI for changes of owner, rter, or other such change of condition.	

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.