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NO. OF COPIES REC	EIVED	1 5	$\widetilde{}$
DISTRIBUTION	ON		
SANTA FE		1	
FILE			-
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
TARRETORTER	GAS	1	
OPERATOR		1	
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NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL O	CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1
		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GAS	
LAND OFFICE			
TRANSPORTER OIL	_		
OPERATOR /			
5000471011057105			
Operation Office			
Supron	Energy Corporation		
Address			
P.O. Box	k 808, Farmington, New Me:	xico 87401	
Reason(s) for filing (Check proper b		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Go	as 🔲	• • • • • • • •
Change in Ownership	Casinghead Gas Conde	change in name of	: operator
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lease	Jease No.
Albright	7 Basin Dal		Fee Federal 077865
Location			1000111 077005
	Feet From The South Lir	se and 1100 Feet From The	West
Unit Letter;	Feet From TheLir	ne and Feet From The _	WEST.
Line of Section 22	ownship 29 North Range	10 West , NMPM, San	Juan County
Line of Section	Ownering as a state of the stat	TO HERE	- July 1
U DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	<b>I</b> S	
Name of Authorized Transporter of C	or Condensate	Address (Give address to which approved c	opy of this form is to be sent)
Plateau, ING 40	40%	Farmington, New Mexico 87	/401
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which approved c	opy of this form is to be sent)
El Paso Natural Ga		P.O. Box 990, Farmington,	New Mexico 87401
	Unit Sec. Twp. Rge.	Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.			
		aive commingling order number	
If this production is commingled to IV. COMPLETION DATA	with that from any other lease or pool,	give comminging order number:	
	Oil Well Gas Well	New Well Workover Deepen Pla	ug Back   Same Restv. Diff. Restv
Designate Type of Complete	ion = (X)		
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	abing Depth
Perforations		De	epth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil and t	nust be equal to or exceed top allo
OIL WELL		epth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, et	c.)
Date First New Oil Run To Tanks	Date of Test	Producing Method (1 tow, pamp, god 1991)	
	Tuking Brooking	Casing Pressure Ch	noke Srže
Length of Test	Tubing Pressure	Casing Pressure	7
Actual Prod. During Test	Oll-Bbls.	Water-Bble. Go	xs - MCF
Actual Prod. During 1001	0.1-25.5		
			100
CAC WELL			A Comment of the Comm
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gr	avity of Condensate
Actual Float 1881-MOF/D			The same of the sa
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in) Ch	noke Size
reating Method (pitot, oack pr.)			
	NOE	OIL CONSERVATION	ON COMMISSION
VI. CERTIFICATE OF COMPLIA	NCE	11	15 675°F /
	described and other Old Commence	APPROVED JUL	,
Commission have been complled	d regulations of the Oil Conservation with and that the information given		l e. maxwell, Jr.
above is true and complete to t	he best of my knowledge and belief.	P1	
Original	Signed By	TITLE 2MTROLDIN ENG	INNER DIST. NO
Rudy D.	•		
Kudy D.	mone	This form is to be filed in comp	)Hance with RULE 1104.
		If this is a request for allowable well, this form must be accompanied	PA & fabilitation of the dealers
Rudy D. Motto (Si	(nature)	Well, this form must be accompanied	on with mill # 111.

## VI.

Kudy	D.Motto	(Signature)	
Area	Superintendent		
	<u>-</u>	(Title)	
	July 2, 1	977	

All sections of this form must be filled out completely for allowable on new and recompleted weils.

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.