DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OREBATOR		anien			
SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  I	HO. OF COPIES RECEIVED			7	
FILE / U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS	DISTRIBUTION				
U.S.G.S.  LAND OFFICE  I RANSPORTER OIL / GAS	SANTA FE		1		
LAND OFFICE  TRANSPORTER OIL   GAS	FILE		7		
TRANSPORTER GAS	U.S.G.S.				
TRANSPORTER GAS	LAND OFFICE				
GAS	TRANSPORTER	OIL	1		
ORERATOR		GAS			
OPERATOR	OPERATOR				
PRORATION OFFICE	PRORATION OFFICE		Ľ		

DISTRIBUTION SANTA FE		ONSERVATION COMMISSION Form C-104  FOR ALLOWABLE Supersedes Old C-104 and C-1			
FILE /	1	REQUEST FOR ALLOWABLE  AND  Supersedes Old 6  Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRA	TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER GAS I	_				
OPERATOR )	-				
PRORATION OFFICE	-				
Operator					
Supron Energy	Corporation				
	Farmington, New Mexico 3				
Reason(s) for filing (Check proper bo	x) Change in Transporter of:	Other (Please explain)			
Recompletion	Oil Dry Ga	s Change in name	of operator		
Change in Ownership	Casinghead Gas Conder		or special		
change of ownership give name nd address of previous owner					
DESCRIPTION OF WELL AND	LEASE				
Lease Name Witt	Well No. Pool Name, Including F		For		
Location N 112	20 South	1510	West		
Unit Letter;	Feet From TheLin	e and Feet From	n The		
Line o. Gation 33	ownship 29 North Range	11 West , NMPM,	San Juan County		
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S			
Name of Authorized Transporter of O	or Condensate	Address (Give address to which app Farmington, New Me	roved copy of this form is to be sent)		
Name of Authorized Transporter of Co	asinghedd Gas or Dry Gas 👗				
Southern Union Gat	ering Company	Attn: K. J. McGrary	Vinen		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  N 33 29N 11W	Yes	on one		
	ith that from any other lease or pool,	give commingling order number:			
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.		
Designate Type of Complete		1	1		
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	Tucing Depth		
Perforations			Depth Casing Shoe		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		<u> </u>			
		1			
TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow-		
OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)		
Date First New Cil Run To Tanks	Date of Test	Producing Method (1 100), pamp, gos	X		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF		
Actual Prod. During 1881					
			the state of the s		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
Actual Frod. 1461-Mor/D	Long or 100.				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	/ATION COMMISSION		
		APPROVED JUL 6 19			
hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		By Original Signed by			
		TITLE SUPERVISOR DIST. #3			
original Signed By		11			
Rudy D. Mot	to	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	nature)	I se able form must be secom	wavied by a fabilition of the design.		
Area Superintenden		it tests taken on the well in ac-	must be filled out completely for allow-		
	itle)	able on new and recompleted	Metra.		
	Date)	well name or number, or transp	II. III, and VI for changes of owner, orter, or other such change of condition.		
(**	•	Econo C-104 m	ust be filed for each pool in multiply		

Separate Forms C-104 must be filed for each pool in multiply