

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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-110
Effective 1-1-65

API 30-045-23533

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 ☐

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

II. DESCRIPTION OF WELL AND LEASE
Lease Name Largo Federal Well No. 2 Pool Name, Including Formation Aztec Pictured Cliffs Kind of Lease Federal Lease No. NM 0555563
Location
Unit Letter M ; 1065 Feet From The South Line and 815 Feet From The West
Line of Section 34 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 ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering Company First International Building, Dallas, Texas
Attention: Mr. R.J. McCrary
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
NO

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'v. Diff. Res'v.
XX XX
Date Spudded 7-18-79 Date Compl. Ready to Prod. 9-17-79 Total Depth 2475 P.B.T.D. 2355
Elevations (DF, RKB, RT, GR, etc.) 5837 R.K.B. Name of Producing Formation Pictured Cliffs Top Oil/Gas Pay 2162 Tubing Depth No Tubing
Perforations Depth Casing Shoe 2387
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
9-7/8" 7-5/8", 26.40# 212 100
6-3/4" 2-7/8", 6.50# 2387 175

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 _____ Choke Size _____
Actual Prod. During Test _____ Oil-Bbls. _____ Water-Bbls. _____ Gas-MCF _____

GAS WELL
Actual Prod. Test-MCF/D 1750 Length of Test 3 hours Bbls. Condensate/MMCF _____ Gravity of Condensate _____
Testing Method (pitot, back pr.) Back Pressure Tubing Pressure (Shut-in) ---- Casing Pressure (Shut-in) 637 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 Kenneth E. Roddy
(Signature)
Production Superintendent
(Title)
September 24, 1979
(Date)

OIL CONSERVATION COMMISSION
SEP 28 1979
APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
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 multiple