

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-1
Effective 1-1-65

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	/
OPERATOR		2
PRORATION OFFICE		

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 Zachry	Well No. 20	Pool Name, including Formation Wildcat Chacra	Kind of Lease State, Federal or Fee Federal SF	Lease No. 080724 A
Location Unit Letter N ; 805 Feet From The South Line and 1776 Feet From The West Line of Section 33 Township 29 North Range 10 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) First International Bldg. - Dallas, Texas Attention: Mr. R.J. Mcrary
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No -----

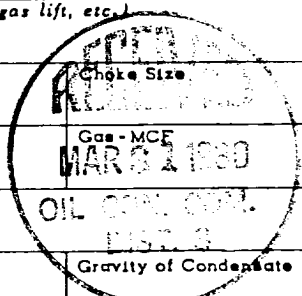
If this production is commingled with that from any other lease or pool, give commingling order number: _____

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 12-17-79	Date Compl. Ready to Prod. 3-24-80	Total Depth 3260		P.B.T.D. 3217				
Elevations (DF, RKB, RT, GR, etc.) 5799 R.K.B.	Name of Producing Formation Chacra	Top Oil/Gas Pay 2996		Tubing Depth 3135				
Perforations 2996 - 3108				Depth Casing Shoe 3260				
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"	4-1/2", 10.50#	3260		335				
	1-1/2" IJ, 2.76#	3135						

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.	



Actual Prod. Test - MCF/D 1568	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1037	Casing Pressure (Shut-in) 1052	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)
March 27, 1980
 (Date)

OIL CONSERVATION COMMISSION
APR 2 1980
 APPROVED _____, 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.