

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION 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	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Albright</u>	Well No. <u>6-E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Fed. SF</u>	Lease N <u>076958</u>
Location				
Unit Letter <u>E</u> : <u>1800</u> Feet From The <u>North</u> Line and <u>900</u> Feet From The <u>West</u>				
Line of Section <u>22</u> Township <u>29 North</u> Range <u>10 West</u> , NMPM, <u>San Juan</u> Count				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Plateau, Inc.</u>	<u>P.O. Box 108, Farmington, New Mexico 87401</u>
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)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, New Mexico 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>E</u> <u>22</u> <u>29N</u> <u>10W</u>	<u>No</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res
		XX	XX					
Date Spudded <u>9-11-80</u>	Date Compl. Ready to Prod. <u>2-1-81</u>	Total Depth <u>6650</u>	P.B.T.D. <u>6618</u>					
Elevations (DF, RAB, RT, GR, etc.) <u>5653 R.K.B.</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>6356</u>	Tubing Depth <u>6469</u>					
Perforations <u>6356 - 6503</u>	Depth Casing Shoe <u>6650</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8", 24.00#</u>	<u>330</u>	<u>275</u>
<u>7-7/8"</u>	<u>4-1/2", 10.50#</u>	<u>6650</u>	<u>1055 (3 stages)</u>
	<u>2-3/8" EUE, 4.70#</u>	<u>6469</u>	

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 oil able 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 <u>672</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>1141</u>	Casing Pressure (Shut-in) <u>1175</u>	Choke Size <u>3/4"</u>

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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)  
February 2, 1981  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 6 1981, 19\_\_\_\_  
Original Signed by FRANK T. CHAVEZ  
BY \_\_\_\_\_  
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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 conditions.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.