

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

SUPRON ENERGY CORPORATION

Address

P.O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well



Change in Transporter of:

Recompletion



Oil



Dry Gas



Change in Ownership



Casinghead Gas



Condensate



Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Zachry	Well No. 22	Pool Name, Including Formation Bloomfield Chacra Ext.	Kind of Lease State, Federal or Fee Fed. SF	Lease 080724
Location Unit Letter B ; 950 Feet From The North Line and 1520 Feet From The East Line of Section 33 Township 29 North Range 10 West , NMPM, San Juan Cour				

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)	
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? No When	

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	Some Res'tv.	Diff. R
		XX	XX					
Date Spudded 12-6-80	Date Compl. Ready to Prod. 2-5-81		Total Depth 3045		P.B.T.D. 3032			
Elevations (DF, RKB, RT, GR, etc.) 5659 R.K.B.	Name of Producing Formation Chacra		Top Oil/Gas Pay 2897		Tubing Depth No Tubing			
Perforations 2897 - 3006					Depth Casing Shoe 3042			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8"	7-5/8", 26.40#	230	250
6-3/4"	2-7/8" EUE, 6.50#	3042	530

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 of
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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D 1103	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) 1026	Choke Size 3/4"

VI. 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

(Signature)

Production Superintendent

(Title)

February 5, 1981

(Date)

OIL CONSERVATION DIVISION

FEB 11 1981

APPROVED

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 device
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condition.Separate Forms C-104 must be filed for each pool in multi
well completions.