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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

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. 23	Pool Name, including Formation Bloomfield Chacra Ext.	Kind of Lease State, Federal or Fee Fed. SF08	Lease No. 0724-A
Location Unit Letter M ; 1120 Feet From The South Line and 1120 Feet From The West Line of Section 34 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 Building - Dallas, Texas Attention: Mr. R.J. McCrary	
Southern Union Gathering Company	Unit	Sec.
If well produces oil or liquids, give location of tanks.	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't.	Diff. Res't.
		XX	XX					
Date Spudded 12-21-80	Date Compl. Ready to Prod. 3-4-81	Total Depth 3070		P.B.T.D. 3045				
Elevations (DF, RKB, RT, GR, etc.) 5718 R.K.B.	Name of Producing Formation Chacra	Top Oil/Gas Pay 2912		Tubing Depth No Tubing				
Perforations 2912 - 3021					Depth Casing Shoe 3055			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-7/8"	7-5/8", 26.40#	212	110
6-3/4"	2-7/8" E.U.E., 6.50#	3055	530
	No Tubing		

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 1733	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) 1032	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 4, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 11 1981**, 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.