RGY AND MINERALS DEPARTMENT DISTRIBUTION FILE U.S.G.S. LAND OFFICE TRANSPORTER DIL GAS OPERATOR PROPATION OFFICE Operator

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE	
AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	

Operator						AFILIT			
SUPRON ENERGY CORPOR	ATION					(I FIVI	74		
Address	aton Now	Mexico 8740	7		/ (4	rnr, .	-01		
P.O. BOX 808, Farming Recoon(s) for filing (Check proper box)		MEXICO 8740.	<u> </u>	Other (Please	explain)	DEC 10	1981		
New Well X		n Transporter of:				DEC IU DIL CON. DIST	COW.		
Recompletion	Oil	Dry	Gas 🛅		\ \	OIL COM			
Change in Ownership	Casinghe	ad Gas Cor	ndensate			DIST		•	
f change of ownership give name and address of previous owner									
DESCRIPTION OF WELL AND I	Well No.	Pool Name, Including	g Formation		Kind of Lease	,		Lease No.	
	. 6_F	6-E Aztec Fruitlan		d Ext.		l or Fee	Fed. NM 020982		
Summit					· · · · · · · · · · · · · · · · · · ·				
Unit Letter F : 18	40 Feet Fro	m The North	Line and	1520	Feet From 7	The <u>West</u>			
		•							
Line of Section 33 Tow	mship 29	North Range	<u>11 West</u>	, NMPM	. San C	Tuan		County	
		AND MATTIDAT	CAS						
DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	CER OF OIL	ondensate	Address (Give address	to which approv	ed copy of th	is form is t	o be sent)	
Name of Authorized Transporter of Cas	inghead Gas	or Dry Gas K	Address (Address (Give address to which approved copy of this form is to be sent)					
				First International Buil Attention: Mr. R.J. McC					
Southern Union Gathe	Unit , Sec			tually connecte					
If well produces oil or liquids, give location of tanks.				No					
f this production is commingled wit	h that from ar	y other lease or po	ol, give comm	ningling order	number:				
COMPLETION DATA		oil Well Gas Well			Deepen	Plug Back	Same Res	'v. Diff. Res'	
Designate Type of Completio		XX	XX	1	1	1	1	!	
Date Spudded	Date Compl. F		Total Dep	oth		P.B.T.D.	<u> </u>		
·	12-3-	87		6403		6357			
Elevations (DF, RKB, RT, GR, etc.,	3 22 02			Top Oil/Gas Pay			Tubing Depth		
5557 R.K.B.	Fruit.	land		1414			NO TUBING		
Perforations				:			Depth Casing Shoe		
1414 - 1428 (10 hole	5)			TING DECOR		6401			
		UBING, CASING,	IND CEMEN	DEPTH SE		SA	CKS CEM	ENT	
HOLE SIZE		A TUBING SIZE		256		200			
12-1/4" 7-7/8"	8-5/8", 24.00# 4-1/2", 10.50#			6401		1250 (3 stages)			
7-778	/-								
	<u> </u>					<u>i</u>			
TEST DATA AND REQUEST FO	OR ALLOWA	BLE (Test must b	e after recover	ry of total volu or full 24 hours	me of load oil	and must be e	qual to or e	xceed top allo	
OIL WELL	Date of Test	able jor this	Producing	Method (Flou	v, pump, gas lij	(t, etc.)			
Date First New Oil Run To Tanks									
Length of Test	Tubing Press	w•	Casing P	ressure		Choke Size			
			Water - Bb	<u> </u>		Gas-MCF			
Actual Prod. During Test	Oil-Bble.				\$				
	l					<u> </u>			
GAS WELL	·								
Actual Prod. Toot-MCF/D	Length of Tes	st .	Bbla. Co	ndensate/MMC	F	Gravity of	Condensate		
2340	3 hour	s		reseure (Shut	-(n)	Choke Size			
Testing Method (pitot, back pr.)	Tubing Press	we(Shut-in)	Casing P		-10)	3/4"			
Back pressure	<u> </u>			476	ONSERVAT		SION		
CERTIFICATE OF COMPLIANC	CE	•	12.3	<i>a</i> .					
	emiletions of	the Oil Conservation	ON APPR	O V 1. U	DEUJ		,	19	
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.				Original Signed by FRANK T. CHAVEZ					
above is true and complete to the best of my knowledge and best				SUPERVISER DISTRICT 第 3					
-	/	Dall	11					F 1104	
1/	' iI >	1////	T	nis form is to	be fried in	compliance t	WITH RULL Ambu delli	: 1104. ed or deenen:	
Kenneth E. Roddy Sinst Z. Nolly					· he eccompa	nied DV B II	ouistion o	ed or deepen: I the deviati-	
Kenneth E. Roddy Kinst. E. Kodles (Signature) Production Superintendent				well, this form must be accompanied by a tabulation of the deviati- tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo-					
Production Superinte			ll able o	n new and re	completed wi	115.			
•	···• <i>,</i>		11	•	7	2 bee 177 1	I for char	nges of owne	
December 7, 1981	ite)		ll well n	eme or numbe	r, or transport	ter, or other a		ool in multi,	
			11 54	ANDTEIP FORT	- U-10- ENGE			_	

Canarate Forms C-104 must be they for each pool in multi,