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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

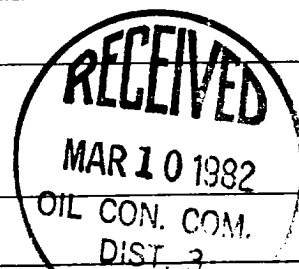
I. Operator
SUPRON ENERGY CORPORATION

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 Calvin	Well No. 2	Pool Name, including Formation Wildcat Gallup	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 047020 B
Location Unit Letter P ; 990 Feet From The South Line and 990 Feet From The East Line of Section 26 Township 29 North Range 11 West , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) First International Building - Dallas, Texas Attention: Mr. R.J. McCrary	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 26
	Twp. 29N	Rge. 11W
	Is gas actually connected? 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-4-81	Date Compl. Ready to Prod. 1-18-82		Total Depth 5950		P.B.T.D. 5897			
Elevations (DF, RKB, RT, GR, etc.) 5631 R.K.B.	Name of Producing Formation Gallup		Top Oil/Gas Pay 5346		Tubing Depth 5808			
Perforations 5346 - 5870 (41 holes)					Depth Casing Shoe 5950			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8", 24.00#		289		210			
7-7/8"	5-1/2", 15.50#		5950		1050 (2 stages)			
	2-3/8" E.U.E., 4.70#		5808					

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 1-15-82	Date of Test 1-17-82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 100	Casing Pressure 275	Choke Size 1-1/4"
Actual Prod. During Test 600 MCF	Oil - Bbls. 24	Water - Bbls. 6	Gas - MCF 600

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
(Signature)

Production Superintendent
(Title)

March 5, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 10 1982**, 19

Original Signed by **FRANK T. CHAVEZ**

BY **SUPERVISOR DISTRICT # 5**

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.