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	DISTRIBUTION	DISTRIBUTION NEW MEXICO ON C		Form C-104
	SANTA FE	1	REQUEST FOR ALLOWABLE AND	
	FILE			
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS
	LAND OFFICE			
	TRANSPORTER OIL			
	GAS	4		/ Vtn\
	OPERATOR	-		30.40 had 8 6.15
I.	PRORATION OFFICE   Operator			JUL 2 3 1982
	Union Texas Petroleu	m Corporation		
	Address			
	1860 Lincoln Street, Suite 1010, Denver, Colorado 80295			
	Reason(s) for filing (Check proper box		Other (Please explain)	
	New Well	Change in Transporter of:	Union During	nap to
	Recompletion	Oil Dry Go	Suprem Francisco	Company Successor to
	Change in Ownership X	Casinghead Gas Conder	nsate Supron Energy Co	rpor dellon
	f change of ownership give name Supron Energy Corporation, P.O. Box 808, Farmington, New Mexico 87401			
	and address of previous owner	Supron Energy Corporation	n, P.O. Box 808, Farming	ton, New Mexico 87401
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation   Kind of Leas	e Lease No.
	QUINN	3 BLANCO MESAV		i i
	Location	J DEARCO MESA	LNDL	FED 3F 10/3511
	N 000 5011TH 1650 UEST			
	Unit Letter N ; 990 Feet From The SOUTH Line and 1000 Feet From The WEST			
	Line of Section 17 Township 31 NORTH Range 8 WEST , NMPM, SAN JUAN County			
				_
III.		TER OF OIL AND NATURAL GA		
	Name of Authorized Transporter of Oil	or Condensate X	Address (Give address to which appro	· · · · · · · · · · · · · · · · · · ·
	Plateau, Inc.		P. O. Box 108, Farmington, NM 87401	
	Name of Authorized Transporter of Case		Address (Give address to which appro 1800 First Internation	al Building
	Southern Union Gathe	_	Dallas, TX 75201	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	YES W	02/23/54
	give location of tanks.	<del></del>	<u> </u>	02,20,01
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
1 V .		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.
	Designate Type of Completion	$\operatorname{on} - (X)$		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	10/23/53	12/04/53	5860	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	6541 DF	MESAVERDE	.5300	
	Perforations 5300 - 5860			Depth Casing Shoe
	3300 - 3000	TURING CASING AND	CEMENTING DECORD	
	UOL E 817 E	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE		226	125
		1 9-7/8" 26 04		
			5209	<del> </del>
		7", 23.0#	5209	300
		7", 23.0# 2-3/8", 4.7#	5209	<del> </del>
v	TEST DATA AND REQUEST FO	7", 23.0#		300
v.	OIL WELL	7", 23.0# 2-3/8", 4.7#  DR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-
v.		7", 23.0# 2-3/8", 4.7# DR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
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VI.	OIL WELL  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE	7", 23.0# 2-3/8", 4.7#  DR ALLOWABLE (Test must be a able for this de la	fter recovery of total volume of load oil pth or be for full 24 hours)  Producing Method (Flow, pump, gas li Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)	300  and must be equal to or exceed top allow- fi, etc.)  Choke Size  Gas-MCF  Gravity of Condensate  Choke Size
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(Signature)

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.