NO. OF COPIES REC	EIVED	-	
DISTRIBUTION			
SANTA FE			
FILE			
บ.ร.จ. ร.			
LAND OFFICE			
TRANSPORTER	CIL	1	ه
	GAS	/	
OPERATOR	1		

	DISTRIBUTION NEW MEXICO OIL CONSER				N COMMISSION	Form C-104			
	SANTA FE	REQUEST FOR ALLOWABLE			ABLE	Supersedes Old C-104 and C-110			
Ì	FILE .		AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Effective 1-1-65			
]	U.S.G.S.	_ AUTHO	AS						
ļ	LAND OFFICE	4							
	TRANSPORTER CIL / "	·							
	OPERATOR /	-							
	PRORATION OFFICE								
À.	Operator	_!							
	Supron Energy	Cornorat	LOI:						
	Address								
	2.0. Box 803.	Farmingi	on, New Mexico (37401	r (Please explain)				
	Reason(s) for filing (Check proper to)		n Transporter of:	Orne	r (Flease explain)				
	Recompletion Oil Dry Gas		Change in name of operator						
	Change in Ownership Casinghead Gas Condens				hange in name	or operator			
	If change of ownership give name and address of previous owner								
	•								
11.	PESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.								
	Lester	1	Blanco Mesa	_	State, Federal	or Fee Fee			
	Location			· · · · · · · · · · · · · · · · · · ·					
	Unit Letter H ; 16	Unit Letter H : 1670 Feet From The NOTEL Line and 1010 Feet From The East							
		·			_	_			
	Line of Section 3 To	ownship 30	NOTE: Range	11 West	, NMPM, S	an Juan County			
***	DESIGNATION OF TRANSPOR	ተዋዩ ባፑ ባመ	. AND NATURAL GA	s					
111.	Name of Authorized Transporter of Or	ıl or o	Condensate X	Address (Give		ed copy of this form is to be sent)			
	Plateau, Inc.			Farming	ton, New Mexico	37401			
	Name of Authorized Transporter of Co			Address (Give address to which approved copy of this form is to be sent) 1st International Bldg., Dallas, Texas 75270					
	Southern Union Gat.			Artn: Is gas actuall	R. J. McCrary				
	If well produces oil or liquids, a give location of tanks.	Unit Se	c. Twp. Age.	is gas actuali	y connected?				
	L'			wino comminal	ling order number:				
IV.	If this production is commingled w COMPLETION DATA	ith that from a	my other lease or poor,	give comming					
	Designate Type of Complete		Oil Well Gas Well	New Well	Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
			Ready to Prod.	Total Depth		P.B.T.D.			
	Date Spudded	Date Compi.	Heday to Fied.	Total Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Proc	lucing Formation	Top Oil/Gas I	Pay	Tubing Depth			
	Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
	HOLE SIZE		G & TUBING SIZE		EPTH SET	SACKS CEMENT			
		_							
			A 55 5 60 11	<u> </u>	l walk-a of load oil	and must be equal to or exceed top allow-			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 Me	thod (Flow, pump, gas lif	ft, etc.)			
				Casing Press	1.12	Choke Size			
	Length of Test	Tubing Pres	sure	Costno Press	46				
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gas-MaF			
	GAS WELL	7 - A - A - T		Bbls. Conden	scte/MMCF	Gravity of Condensate			
	Actual Prod. Test~MCF/D	Length of Te	98 t	BEIGI COMMON					
	Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)	Cosing Press	ure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIA	CERTIFICATE OF COMPLIANCE				TION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given				JUL t 19/7, 19				
			ORIGINAL SIGNED BY N. E. MARNELY A.						
	above is true and complete to the best of my knowledge and belief.			PETROLSUM ENGLISHED DIST. NO. *					
Original Signed By			TITLE						
	Rudy D. Motto			This	form is to be filed in	compliance with RULE 1104.			
	,			If this is a request for allowable for a newly drilled or deepened					
	Rudy D. Motto (Signature)			II tanta taka	well, this form must be accompanied by a tabulation of the desire taken on the well in accordance with RULE 111.				
Area Superintendent			All sections of this form must be filled out completely for allow-						
	(Title)			able on new and recompleted wells.					
July 2, 1977 (Date)			The state of the s	well name	or number, or transpor	fet of other agen enames or commercial			
	i	/		Separ	ate Forms C-104 mus	it be filed for each pool in multiply			
				il completed	PT C AAM I				