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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

| | | |
|---|---|------------------------|
| Operator SUPRON ENERGY CORPORATION | | |
| Address P.O. Box 808 Farmington, New Mexico 87401 | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-------------------------|---|---|-------------------------------|
| Lease Name Seymour | Well No. #2-A | Pool Name, Including Formation Blanco Mesaverde | Kind of Lease State, Federal or Fee Federal | Lease No. 5F 078505 |
| Location | | | | |
| Unit Letter D ; 870 Feet From The North Line and 1150 Feet From The West | | | | |
| Line of Section 24 Township 31N Range 9W , NMPM, San Juan County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|---|-------------------|---|-------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | |
| Plateau Incorporated | Farmington, New Mexico 87401 | | | |
| 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) | | | |
| Southern Union Gathering Company | Attention: Mr. R.J. McCrary First International Bldg., Dallas, Texas | | | |
| If well produces oil or liquids, give location of tanks. | Unit D | Sec. 24 | Twp. 31N | Pge. 9W |
| | Is gas actually connected? | | When | |
| | No | | Upon connection to pipeline facility | |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

| | | | | | | | | |
|---|---|----------|---------------------------------|----------|------------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 8-23-75 | Date Compl. Ready to Prod. 7-2-78 | | Total Depth 7177' | | P.B.T.D. 5724' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6436 Gr. | Name of Producing Formation Mesaverde | | Top Oil/Gas Pay 5210' | | Tubing Depth 5387' | | | |
| Perforations 20 holes size 0.44" from 5210 to 5510 feet | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|---------------|-----------------------------------|----------------------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 15" | 10-3/4 | 284 ft. | 250 |
| 9-7/8" | 7" | 3489 ft. | 359 |
| 6-1/8" | 4 1/2" drill collars & | 0 to 5724 ft. | 115 |
| | 4 1/2" casing | | |

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 668 | Length of Test 3 hours | Bbls. Condensate/MMCF -0- | Gravity of Condensate -0- |
| Testing Method (pitot, back pr.) Back pressure | Tubing Pressure (shut-in) 338 | Casing Pressure (shut-in) 338 | Choke Size 3/4" |

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.

Rudy D. Motto
Rudy D. Motto (Signature)
Area Superintendent (Title)
October 12, 1978 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by A. R. Kendrick
TITLE SUPERVISOR DIST. 3A

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.