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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

API 30-045-23077

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 Quinn	Well No. 6-A	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SFO78511
Location Unit Letter P ; 990 Feet From The South Line and 990 Feet From The East				
Line of Section 20 Township 31N Range 8W , 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) P.O. Box 108, 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) 1st International Bldg. Dallas, Texas 75270 Attention: Mr. R. J. McCrary			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 20	Twp. 31N	Rge. 8W
	Is gas actually connected? No		When Upon Installation of 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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 1/3/79	Date Compl. Ready to Prod. 3/15/79		Total Depth 8084		P.B.T.D. 8050			
Elevations (DF, RKB, RT, GR, etc.) 6579 Gr. 6592 RKB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7907 Ft.		Tubing Depth 7870			
Perforations 1 Size 0.42" @ 7907, 7908, 7909, 7915, 7917, 7920, 7948, 7951, 7957, 7960, 7964, 8001, 8003, 8005, 8012, 8014 & 8017. Total 17 holes					Depth Casing Shoe 8084			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	10-3/4"		228 ft. RKB		140			
9-7/8"	7-5/8"		3841 ft.		250			
6-3/4"	5-1/2"		8084 ft.		500			
	2-1/16"		7870 ft.					

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)

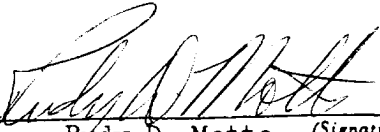
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 1584	Length of Test 3 hours	Bbls. Condensate/MMCF -	Gravity of Condensate 50.0
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2100	Casing Pressure (shut-in) -	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 (Signature)  
Area Superintendent  
(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
Original signed by \_\_\_\_\_  
BY \_\_\_\_\_  
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.