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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  
Effective 1-1-65

1.

Operator  
SUPRON ENERGY CORPOATION

Address  
P.O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Haynie</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee	Lease <u>FEE</u>
Location Unit Letter <u>B</u> : <u>820</u> Feet From The <u>North</u> Line and <u>1700</u> Feet From The <u>East</u> Line of Section <u>4</u> Township <u>30 North</u> Range <u>11 West</u> , NMPM, <u>San Juan</u> Cour				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 108, Farmington, New Mexico 87401</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gathering Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>First International Bldg. - Dallas, Texas</u> <u>Attention: Mr. Bob McCrary</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>4</u>	Twp. <u>30N</u>	Rge. <u>11W</u>	Is gas actually connected? <u>No</u>	When <u>-----</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. R
		<u>XX</u>	<u>XX</u>					
Date Spudded <u>7-15-80</u>	Date Compl. Ready to Prod. <u>10-2-80</u>	Total Depth <u>6860</u>	P.B.T.D. <u>6844</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5619 R.K.B.</u>	Name of Producing Formation <u>Mesaverde</u>	Top Oil/Gas Pay <u>3899</u>	Tubing Depth <u>4406</u>					
Perforations <u>3899 - 4897</u>			Depth Casing Shoe <u>6859</u>					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8", 24.00#</u>	<u>319</u>	<u>250</u>
<u>7-7/8"</u>	<u>5-1/2", 15.50#</u>	<u>6859</u>	<u>900 (3 stages)</u>
	<u>2-1/16" IJ, 3.25#</u>	<u>4406</u>	

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 of  
able 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 WELL

Actual Prod. Test-MCF/D <u>2283</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	
Testing Method (pitot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>1008</u>	Casing Pressure (Shut-in) <u>1012</u>	Choke Size <u>3/4"</u>

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)  
October 3, 1980  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED OCT 6 1980, 19  
Original Signed by CHARLES GHOLSON  
BY  
TITLE DEPUTY OIL

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for a able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter, or other such change of cond  
Separate Forms C-104 must be filed for each pool in mu completed wells.