

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
REGISTRATION OFFICE	

Operator
Supron Energy Corp. % John H. Hill, et al

Address **Suite 020, Kysar Building
300 W. Arrington, 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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name McCord	Well No. 7-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078212
Location				
Unit Letter P	1000 Feet From The South	Line and 810 Feet From The East		
Line of Section 4	Township 30 North	Range 13 West	, 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"/>	Plateau Oil Company	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 108, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Nat Gas Company	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1492, El Paso, TX 79978 R.E. Johnson
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 4	Twp. 30
	Rge. 12	Is gas actually connected? No	When

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

COMPLETION DATA

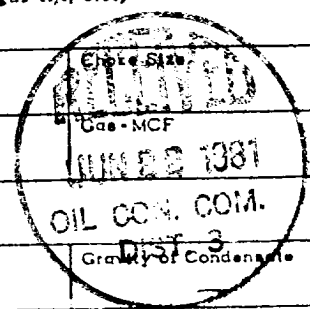
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		(X)	(X)					
Date Spudded 3-17-81	Date Compl. Ready to Prod. 5-22-81	Total Depth 6700'	P.B.T.D. 6670					
Elevations (DT, RT, GR, etc.) 5701' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6250	Tubing Depth 6284					
Perforations 6250, 52, 64, 66, 68, 6303, 18, 34, 36, 38, 40, 42, 44, 46, 48, 66, 20		Depth Casing Shoe 6418		Tubing Depth 6700'				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	320'	300 Sx Class B
7 7/8"	4 1/2"	6700'	1579 Sx 50/50 Poz
	1 1/2"	6284'	

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL

Actual Prod. Test - MCF/D 2773	Length of Test 3 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1452	Casing Pressure (shut-in) 1803	Choke Size .75

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature] for **John H. Hill, et al**
on behalf of **Supron Energy Corp.**
Drilling & Production Manager
6-17-81
(Date)

OIL CONSERVATION DIVISION
JUN 22 1981

APPROVED _____
Original Signed by **FRANK T. CHAVEZ**

BY _____
SUPERVISOR DISTRICT # **3**

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 allowables 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 Form C-104 must be filed for each pool in multiply completed wells.