

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

Operator

SUPRON ENERGY CORPORATION

Address

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

Reason(s) for filing (Check proper box)

New Well ☒

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner

Supron Energy Corp

Lease Name

Taliaferro

Well No.

2-F

Pool Name, Including Formation

Basin Dakota

Kind of Lease

State, Federal or Fee

Fed. SF

Lease No.

078244

Location

Unit Letter

C

Feet From The

835

North

Line and

1815

Feet From The

West

Line of Section

31

Township

31 North

Range

12 West

NMPM,

San Juan

County

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Plateau, Inc.

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 ☐ or Dry Gas ☒

Southern Union Gathering Company

Address (Give address to which approved copy of this form is to be sent)

First International Building - Dallas, Texas

Attention: Mr. R.J. McCrary

If well produces oil or liquids, give location of tanks.

Unit

C

Sec.

31

Twp.

31N

Rge.

12W

Is gas actually connected?

No

When

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

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'

XX

XX

Date Spudded

6-27-81

Date Compl. Ready to Prod.

11-3-81

Total Depth

7024

P.B.T.D.

7005

Elevations (DF, RAB, RT, GR, etc.,)

6010 R.K.B.

Name of Producing Formation

Dakota

Top Oil/Gas Pay

6793

Tubing Depth

6794

Perforations

6793 - 6966

Depth Casing Shoe

7024

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

12-1/4"

8-5/8", 24.00#

326

220

7-7/8"

4-1/2", 10.50 & 11.60#

7024

1200 (3 stages)

2-3/8" EUE, 4.70#

6794

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 all-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.

Ggs-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

534

3 hours

6793

6794

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

Back pressure

518

3/4"

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.

Kenneth E. Roddy

Kenneth E. Roddy

(Signature)

Production Superintendent

(Title)

November 4, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED

NOV 9 - 1981

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 deepen well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own-er well name or number, or transporter, or other such change of conditio-ns. Form C-104 must be filed for each pool in multi-