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U.S.G.S.		<del>                                     </del>		
LAND OFFICE		1		
IRANSPORTER	OIL			
	GAS	-		
OPERATOR		1		
PRORATION OFFICE				
Operator				

VI.

DIVISION ENGINEER

(Title)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUE	EST FOR ALLOWABLE AND	Supersedes Old C-104 and C- Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	Tou	RECEIVED					
	TRANSPORTER GAS						
	OPERATOR -			MAY 1 9 <b>1982</b>			
I.	PRORATION OFFICE Operator	<u> </u>					
		FLORIDA EXPLORATION COMPANY		O. C. D.  ARTESIA, CEFICE			
	VAUGHN BUILDING, SUITE 900, MIDLAND, TX 79701						
	Reason(s) for filing (Check prope	er box)	Other (Please explain				
	New Well Recompletion	Change in Transporter of: Oil Dr					
	Change in Ownership X		y Gas	-			
	If change of ownership give nor						
	and address of previous owner	Supron Energy Corporat	ion, P. O. Box 808, Far	rmington, New Mexico 87401			
	DESCRIPTION OF WELL A	ND LEASE					
	SHELBY FEDERAL	Well No. Pool Name, Including		FFD NM 10000			
	Location	MC KITIRI	CK HILLS STRAWN State, I	Federal or Fee FED NM 12828			
	Unit Letter H ; 2	2310 Feet From The NORTH	Line and 990 Feet	From The EAST			
	Line of Section 13	Township 22 SOUTH Range	24 EAST_ , NMPM, E	EDDY County			
III.	DESIGNATION OF TRANSP	PORTER OF OIL AND NATURAL					
	Name of Authorized Transporter o	of Oil or Condensate		approved copy of this form is to be sent)			
	Name of Authorized Transporter o	(Cortex) 1 Cortex					
	Gas Company of Ne		Address (Give address to which 1800 First Internat	approved copy of this form is to be sent) ional Building			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When			
	give location of tanks.	H 13 22S 24		2 12 75			
IV.	If this production is commingled COMPLETION DATA	d with that from any other lease or po	ol, give commingling order number				
	Designate Type of Compl	letion - (X) Oil Well Gas Wel	New Well Workover Deepe	en Plug Back   Same Res'v.   Diff. Res'v			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	9 12 73	12 28 73	10766	10469			
	Elevations (DF, RKB, RT, GR, etc. 9100 GL	STRAWN	Top 0:1/Gas Pay 9094	Tubing Depth			
	Perforations		9094	9336 Depth Casing Shoe			
	9094-9100						
	HOLE SIZE	TUBING, CASING, A	AND CEMENTING RECORD				
Ì	17-1/2	13-3/8	355	SACKS CEMENT			
[	11"	8-5/8	3506	1535			
ŀ	7-7/8	4-1/2	10508	570			
V.	TEST DATA AND REQUEST	T FOR ALLOWARIE (Test must					
	MIL WELL able for this depth or be for full 24 hours)						
	Date / hat New Oil Aun 16 Tunks	Date of lest	Producing Method (Flow, pump, 4	gas lift, etc.)			
Ī	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
}	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas • MCF			
			Water - Date:	Gus-MCr			
	G.4.0 !!!D		· · · · · · · · · · · · · · · · · · ·				
Γ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Complete Control			
				Gravity of Condensate			
	Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
L 71. (	CERTIFICATE OF COMPLIA	ANCE	OU CONSE	RVATION COMMISSION			
			MAY o 1	L 1000			
1	hereby certify that the rules as	and regulations of the Oil Conservation	APPROVED MAIL	1982			
•	bove is true and complete to	ed with and that the information give the best of my knowledge and belie	f. BY Thin	By White William			
			TITLE .	.#SYECTOB			
	1000	11					
_	El seigh	<u> </u>	11	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.			
	<del>-</del>		well, this form must be acco				
	DIVISION ENGINEED	K	11	· ·			

All sections of this form must be filled out completely for allow-