

NATURAL GAS

Southern Union Production Company

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

XX Change in Name of Transporter

III. IDENTIFICATION OF WELL AND LEASE

Jicarilla "K"		16	Otero Chacra Extension		Kind of Lease	Federal	Contract #145
D	960	North	790	West	State, Federal or Fee	Federal	
Line of Section	12	25 North	5 West	Rio Arriba	County		

IV. DESIGNATION OF TRANSPORTER

Plateron Inc. Gas Company of New Mexico	XX First International Bldg., Dallas, Texas 75270 Attn: R. J. McCrary
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V. COMPLETION DATA

Designation of Completion	Flow Back	Same Res'y.	Diff. Res'y
Date Sp. Side	P.S. P.D.		
Flow Back	Flow Depth		
Perforations	Depth of Flow		
ROLE SIZE			

VI. TEST DATA AND REQUEST FOR 40% OIL WELL

Date First New Oil Run To Tanks	Date of Test
Length of Test	Time of Test
Actual Prod. During Test	Flow Rate
GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Flow Rate

CERTIFICATE OF COMPLIANCE

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

INTERVIEW COMMISSION
SEP 17 1976

Original Signed by A. R. Kendrick
SUPERVISOR DIST. #3

Rudy D. Motto (Signature)
Area Superintendent
September 2, 1976

and shall be filed in compliance with RULE 1104.
This form must be accompanied by a tabulation of the deviation
data taken on the well in accordance with RULE 111.
This form must be filled out completely for allow-
ed new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner,
transporter, or other conditions.



LTR



Job separation sheet

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	GAS	1
OPERATOR		
PROBATION 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

I. Operator
Supron Energy Corporation
Address:
P.O. Box 808, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change in name of operator

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "K"	Well No. 16	Pool Name, Including Formation Otero Chacra	Kind of Lease State, Federal or Fee Federal	Contract 145
Location: Unit Letter D ; 960 Feet From The North Line and 790 Feet From The West Line of Section 12 Township 25 North Range 5 West , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico 87401			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) 1st International Bldg., Dallas, Texas 75270 Attn: R. J. McCrary			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? When

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'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Original Signed By
Rudy D. Motto

Rudy D. Motto (Signature)
Area Superintendent

June 25, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED: **JUN 27 1977**, 19____
BY: **ORIGINAL SIGNED BY H. E. MAXWELL JR.**
PETROLEUM ENGINEER DIST. NO. 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 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.