NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE		1	
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS		
OPERATOR		$\Box'$	
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE	KEGGEGI	AND	Effective 1-1-65			
	u.s.g.s.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATUR	RAL GAS			
LAND OFFICE							
TRANSPORTER OIL							
	GAS /	]	API 30-039-21779				
	OPERATOR	_					
1.	PRORATION OFFICE						
	Operator						
		Supron Energy Corporation					
		P. O. Box 808, Farmington, New Mexico 87401					
	P. U. BOX 808, Farm Reason(s) for filing (Check proper box	ington, New Mexico 8740	Other (Please explain	1)			
	New Well	Change in Transporter of:		,			
	Recompletion	Oil Dry Ga	ıs [				
	Change in Ownership	Casinghead Gas Conder	nsate				
	If change of ownership give name and address of previous owner						
	and address of previous owner.						
II.	I. DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Including Formation Kind of Lease  Continued to the second s						
State Federal of Fee m 3				CONCTACT NO.			
V 1 V C 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Federal or Fee Federal 150			
Location							
	Unit Letter I ; 160	O Feet From The <u>South</u> Lin	re and Feet	From The East			
	10 To	waship 26 North Range	5 West , NMPM, R	io Arriba County			
	Line of Section 12 Tov	visitip 20101011 (Adinge	,				
	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Oil	or Condensate XX	Address (Give address to which	approved copy of this form is to be sent)			
	Plateau, Inc.		P. O. Box 108,	xico 87401			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 💢		approved copy of this form is to be sent)			
	Gas Co. of New Mexi	.co	Attn: Mr. R. J. Mc	ldg., Dallas, Texas			
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When Upon installation of			
	give location of tanks.	I 12 26N 5W	No	pipeline facility			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number	:f:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic		X	1 1			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded 9/27/78	January 31, 1979	8337	8060			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	7195 Gr.	Mesaverde	5509	None			
	Perforations		Depth Casing Shoe				
		. 8337					
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	13-3/4"	10-3/4"	2661	250			
	8-3/4"	7"	4125'	200			
	6-1/4"	4-1/2"	8337!	600			
		DR AVY OWARD F	for a second control c	and oil and must be equal to or exceed top allows			
V.	ST DATA AND REQUEST FOR ALLOWABLE (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	of Test Producing Method (Flow, pump, gas lift, etc.)				
				and the same of th			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
				Gas-MCF			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.				
			1				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
		-	0	-0-			
	4984 Testing Method (pitot, back pr.)	3 Hrs. Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Back Pressure	No Tbg.	906	3/4"			
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSE	ERVATION COMMISSION			
			ABBROVED MA	R 7 1879 19			
	I hereby certify that the rules and r	egulations of the Oil Conservation	AFFROVED				
	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 A. R. Kendrick				
			SUPERVISOS DOSO				
Original Signed By Rudy D. Motto		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.					
Rudy D. Motto (Signature) Area Superintendent							
						January 31, 1979	(Title)
	January 31, 1979 (Date)				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.		
	(Da	,	Separate Forms C-104 must be filed for each pool in multiply				
įl			nompleted wells.				