

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

API No. 30-039-21779

Operator SUPRON ENERGY CORPORATION	
Address P. O. Box 808, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>
Change Well No. from "G" 10-A to "G" 10-M	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE	
Lease Name Jicarilla "G"	Well No. 10-M
Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter I ; 1600 Feet From The South Line and 790 Feet From The East	Lease 1500
Line of Section 12 Township 26N Range 5W , NMPM, Rio Arriba County	Contract 150

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	Farmington, New Mexico, 87401, P.O. Box 108
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	1st International Bldg., Dallas, Texas
If well produces oil or liquids, give location of tanks.	Attn: Mr. R. J. McGrary
Unit I Sec. 12 Twp. 26N Rge. 5W	Is gas actually connected? No
	When Upon installation of pipeline facility.

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Restv. <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded 9/27/78	Date Compl. Ready to Prod. 1/23/79
Elevations (DF, RKB, RT, GR, etc.) 7195 Gr.	Name of Producing Formation Dakota
Perforations 19 perforations Size 0.42" from 8096' to 8250 ft.	Total Depth 8337
	Top Oil/Gas Pay 8096 Ft.
	Tubing Depth 8074
	Depth Casing Shoe 8337
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
13-3/4"	10-3/4"
8-3/4"	7"
6-1/4"	4-1/2"
	DEPTH SET
	266 ft.
	4125 ft.
	8337 ft.
	SACKS CEMENT
	250 sx.
	200 sx.
	600 sx.

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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Casing Pressure
	Choke Size
	Water-Bbls.
	Gas-MCF

GAS WELL	
Actual Prod. During Test-MCF/D 917	Length of Test 3 hrs.
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 2357
	Bbls. Condensate/MMCF -0-
	Casing Pressure (Shut-in) Packer
	Gravity of Condensate -0-
	Choke Size 3/4"

I. 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 (Title) January 24, 1979 (Date)	
OIL CONSERVATION COMMISSION APPROVED JUN 14 1979 Original Signed by L. P. Kendrick BY 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.	