

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.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)	Change in Transporter of:	Other (Please explain)
New Well <input type="checkbox"/>	Oil <input type="checkbox"/>	Downhole commingled
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Dakota and Mesaverde zones
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Order No. R-6739
	Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "F"	Well No. 6	Pool Name, Including Formation Basin Dakota-Blanco Mesaverde	Kind of Lease State, Federal or Fee Fed. Contract #107	Lease No.
Location Unit Letter <u>L</u> ; <u>1820</u> Feet From The <u>South</u> Line and <u>1010</u> Feet From The <u>West</u> Line of Section <u>34</u> Township <u>26N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.	P. O. Box 108; Farmington, New Mexico	
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	First International Building-Dallas, Texas	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>34</u>
	Twp. <u>26N</u>	Rge. <u>4W</u>
	Is gas actually connected? <u>Yes</u> When _____	

If this production is commingled with that from any other lease or pool, give commingling order number: R-6739

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Res'
		<u>X</u>						
Date Spudded <u>10/22/79</u>	Date Compl. Ready to Prod. <u>9/22/81</u>	Total Depth <u>7910</u>	P.B.T.D. <u>7820</u>					
Elevations (DF, RKB, RT, GR, etc.), <u>6874 R.K.B.</u>	Name of Producing Formation <u>Dakota-Mesaverde</u>	Top Oil/Gas Pay <u>5621</u>	Tubing Depth <u>7746</u>					
Perforations <u>5621-5735</u> <u>Mesaverde</u>			Depth Casing Shoe <u>7910</u>					
<u>7678-7801</u> <u>Dakota</u>								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8", 28.00#</u>	<u>271</u>	<u>180</u>
<u>7 7/8"</u>	<u>5 1/2", 15.00#</u>	<u>7910</u>	<u>450 (3 stages)</u>
	<u>2 3/8" EUE, 4.70#</u>	<u>7746</u>	

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.	Gas - MCF

## GAS WELL

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

## 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)

September 22, 1981

(Date)

## OIL CONSERVATION DIVISION

SEP 28 1981

APPROVED \_\_\_\_\_

BY Original Signed by FRANK T. CHAVEZ

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 deepened  
well, this form must be accompanied by a tabulation of the deviat-  
ions taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo-  
wable 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 condit-  
ion.Separate Forms C-104 must be filed for each pool in multi-  
well completions.