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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
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)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Oper. name change from
Till - Hewelllyn

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newsom "B"	Well No. 16	Pool Name, Including Formation Ballard Pictured Cliffs	Kind of Lease NM 863 Lease No. State, Federal or Fee Federal SF-078384
Location Unit Letter D ; 1085 Feet From The North Line and 840 Feet From The West Line of Section 9 Township 26 North Range 8 West , NMPM, San Juan County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
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 Attention: R. J. McGrary		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 9	Twp. 26N
			Rge. 8W
	Is gas actually connected?		When
	Yes		June 9, 1980

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'
		XX	XX					
Date Spudded January 1, 1980	Date Compl. Ready to Prod. 1-26-80		Total Depth 2425 Ft.		P.B.T.D. 2402 Ft.			
Elevations (DF, RKB, RT, GR, etc.) 6382' GR	Name of Producing Formation Ballard Pictured Cliffs		Top Oil/Gas Pay 2215 Ft.		Tubing Depth No Tubing			
Perforations 20 Perfs. size 0.33" - 2 Holes per foot 2215 ft. to 2225 ft.					Depth Casing Shoe 2425			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7-5/8"		200'		100 Sx.			
6-3/4"	2-7/8"		3000'		200 Sx.			

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 470	Length of Test 3 Hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) No Tubing	Casing Pressure (Shut-in) 552 PSIG	Choke Size 3/4"

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.

Rudy D. Motto
Area Superintendent
(Signature)

June 13, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 23 1980, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT 703

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 multiple completed wells.