

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Supron Energy Corp. % John H. Hill, et al  
Address Suite 020, Kysar Building  
300 W. Arrington, 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"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newsom "A"	Well No. 24	Pool Name, including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078430
Location Unit Letter I 1830 Feet From The South Line and 830 Feet From The East Line of Section 4 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	P.O. Box 1899 Bloomfield, New Mexico ATTN: Stella Whitiaker	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? When
		NO

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.
(X)		(X)	(X)					
Date Spudded 4-1-81	Date Compl. Ready to Prod. 5-7-81	Total Depth 3180	P.B.T.D. 3137'					
Elevations (D, RT, GR, etc.) 6886' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2826'	Tubing Depth 3166'					
Perforations 2825, 28, 30, 32, 34, 36, 38, 40, 42, 46, 54, 58			Depth Casing Shoe 3150'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	198'	200 sx. Class "B"					
7 7/8"	2 7/8"	3167'	925 sx. 50/50 Poz.					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of test 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 WELL

Actual Prod. Test-MCF/D 335	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate 51.3
Testing Method (piston, back, etc.) Back Pressure	Tubing Pressure (Shut-in) N/A	Casing Pressure (Shut-in) 743	Choke Size .75

VI. 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.

for John H. Hill, et al  
on behalf of Supron Energy Corp.  
Drilling & Production Manager  
(Title)  
5-19-81  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JUN 10 1981  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

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 Form C-104 must be filled for each pool in multiply completed well.