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NO. OF COPIES RECEIVED	_	<i>'</i>	
DISTRIBUTION	NEW MEXICO OIL (	CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and (
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE	_		
TRANSPORTER OIL		ý	
GAS			
OPERATOR	_		July
PRORATION OFFICE Operator			1000
1 '	NUT Componention		- CON COL
Union Texas Petrole	um Corporation		BIST. SUM.
	, Suite 1010, Denver, Co	lonado 80205	
Reason(s) for filing (Check proper be		Other (Please explain)	
New We!l	Change in Transporter of:	Change of Owne	rship to
Recompletion	Oil Dry G		•
Change in Ownership X	Casinghead Gas Conde		_ ``
If change of ownership give name	Supron Energy Corporation	n, P. O. Box 808, Farmi	ngton, New Mexico 87401
and address of previous owner			
DESCRIPTION OF WELL ANI	LEASE		
Lease Name	Well No. Pool Name, Including F		20000
Armenta	1 Aztec Picture	d Cliffs State, Fede	ral or Fee State
Location			
Unit Letter H ; 21	90 _ Feet From The North Lin	ne and 820 Feet From	n The East
Line of Section 27	ownship 29 North Range	10 West , NMPM, Sar	n Juan Coun
DESIGNATION OF TRANSPORT	RTER OF OIL AND NATURAL GA	AS	
Name of Authorized Transporter of C	or Condensate		roved copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which app	roved copy of this form is to be sent)
Southern Union Gath	mering Co.	First International B	uilding
	Unit Sec. Twp. Rge.	Dallas, Texas 75201 Is gas actually connected?	/hen
If well produces oil or liquids, give location of tanks.		1	February, 1959
Yestin and asia in any indiad	with that from any other lease or pool,		- 00- 00a y
COMPLETION DATA	Ann that from any other lease of poor,	give comminging order number.	·
D : . T . C l.	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res
Designate Type of Complet	1 X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/10/59	1/31/59	1925	1882
1/10/59 Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5517 R.K.B.	Picture Cliffs	İ	1840
Perforations			Depth Casing Shoe
1815-1880; 988-101	0		
		D CEMENTING RECORD	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	138' R.K.B.	85
7-7/8"	7-7/8"	1918' R.K.B.	220
		1	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	after recovery of total volume of load o	il and must be equal to or exceed top al
OIL WELL		epth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
İ	1		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Prod. During Test	J. 22.0.		G48 - 14/C1
Actual Prod. During Test			Gus - MC1
Actual Prod. During Test			
Actual Prod. During Test  GAS WELL			
	Length of Test	Bbls. Condensate/MMCF	
GAS WELL		Bbls. Condensate/MMCF	~=_
GAS WELL		Bbls. Condensate/MMCF  Casing Pressure (Shut-in)	~=_
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Gravity of Condensate
GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	Length of Test  Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Gravity of Condensate  Choke Size
GAS WELL Actual Prod. Test-MCF/D	Length of Test  Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Gravity of Condensate  Choke Size
GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIA	Length of Test  Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Gravity of Condensate  Choke Size
GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIA  I hereby certify that the rules and	Tubing Pressure (Shut-in)  NCE  I regulations of the Oil Conservation with and that the information given	Casing Pressure (Shut-in)	Gravity of Condensate  Choke Size
GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIA  I hereby certify that the rules and	Tubing Pressure (Shut-in)  NCE  I regulations of the Oil Conservation	Casing Pressure (Shut-in)  OIL CONSERV	Gravity of Condensate  Choke Size

Vice - President

(Title)

(Date)

tor, dist. #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 deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow able 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.