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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"/>	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 Nye Federal	Well No. 1-M	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Fed.	Lease No. NM 0802
Location Unit Letter P ; 870 Feet From The South Line and 1015 Feet From The East Line of Section 20 Township 31 North Range 12 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 checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Southern Union Gathering Company	Address (Give address to which approved copy of this form is to be sent) First International Bldg. - Dallas, Texas Attention: Mr. R.J. McCrary	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 20
	Twp. 31N	Rge. 12W
	Is gas actually connected? No When ----	

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

V. 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 3-13-80	Date Compl. Ready to Prod. 9-24-80		Total Depth 7186		P.B.T.D. 7126			
Elevations (DF, RKB, RT, GR, etc.) 6040 R.K.B.	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 4755		Tubing Depth 4809			
Perforations 4755 - 4957					Depth Casing Shoe 7185			

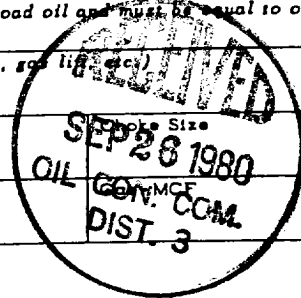
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-3/4"	8-5/8", 24.00#	299	250
7-7/8"	5-1/2", 15.50#	7185	840 (3 stages)
	2-1/16" IJ, 3.25#	4809	

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL

Actual Prod. Test - MCF/D 1771	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1080	Casing Pressure (Shut-in) 1087	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.

Kenneth E. Roddy
(Signature)
Production Superintendent
(Title)
September 25, 1980
(Date)

OIL CONSERVATION COMMISSION
SEP 30 1980
APPROVED _____, 19____
BY **Original Signed by FRANK I. JAVIZ**
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 deepen 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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own 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.