DIMIL OF CO.	
ENERGY AND MINURALS DEPARTMEN	JT
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## OIL CONSERVATION DIVISION

P. O. HOX 2088

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FILE		<b>.</b>	
U.h.U.4.			
LAND UFFICE		l	
	DIL	I	
TRANSPORTER	GAE		
OPERATOR			
PROBATION OFFICE			
Constitut			

	FILE	SANTA FE, NEV	V MEXICO 87501			
	LAND UFFICE	REQUEST FO	R ALLOWABLE			
	TRANSPORTER GAS	٨	ND	<b>.</b>		
OPERATOR AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	SUPRON ENERGY CORPORA	ATION				
	Address					
	P.O. Box 808, Farming Reason(s) for liling (Check proper box	gton, New Mexico 87401	Other (Please	explain)		
	New Well	Change in Transporter of:	Ì			
	Recompletion	Oil Dry Go	.s			
	Change in Ownership	Casinghead Gas Conder	nsate			
	If change of ownership give name and address of previous owner					
П.	DESCRIPTION OF WELL AND	LEASE.   Well No.   Pool Name, Including F	ormation	Kind of Lease		Legae No.
	Lease Name	Well No. Pool Name, Increasing	_	State, Federal or Fee	Fed. SF	080517
	Payne	4-A Blanco Mesave	- Luc			
	Location	100 Feel From The South Lin	ne and 135	Feet From TheEat	st	
•	Unit Letter P : 1.	LOO Peet Flom The				
	Line of Section 22 To	wmship 32 North Range	10 West , NMPM	, · San Juan		County
m.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address	o which approved copy o	f this form is to	be sent)
	Plateau, Inc.		P.O. Box 108,	Farmington, New	Mexico	87401
	Name of Authorized Transporter of Ca	singhead Gas Or Dry Gas X	Address (Give address) First Internat	io which approved copy of ional Bldg De	f this form is to allas , Te:	be sent) XAS
	Southern Union Gathe	ring Company	Attention: Mr	. R.J. McCrary		<u> </u>
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  P 22 32N 10W	Is gas actually connected NO	i when		
		ith that from any other lease or pool,	give commingling order	number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Bac	ck   Same Res	v. Diff. Res
	Designate Type of Completion	on – (X)	XX	1 1 		_ t
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D		
	6-8-80	8-12-80	8400 Top Oil/Gas Pay	Tubing [	8357	<del> </del>
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	5586		6009	
	6901 R.K.B.	Mesaverde	3300	Depth C	asing Shoe	
	Perforations 5586 - 6298				8400	
	5586 - 6298	TUBING, CASING, AN	D CEMENTING RECOR	D		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEM	ENT
	13-3/4"	10-3/4", 32.75#	357		525	
	9-7/8"	7-5/8", 26.40#	3994		350	
	6-3/4"	5-1/2", 15.50#	3915-8400		475	
		2-1/16" IJ, 3.25#	6009			
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total volu epth or be for full 24 hours	me of load oil and must b	equal to or es	ceen top atto
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lift, etc.)	77 F 1/1	103
		Tubing Pressure	Casing Pressure	Choke S	विद्यास्त्र देशा है कि	13
	Length of Test	1 abing 7 tools			LUG 2 6 196	30
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Coll	L CON. CO	м. 🖊 🔠
					DIST. 3	1
	GAS WELL		Bbls. Condensate/MMC	E Gravity	of Congeneate	<u> </u>
	Actual Prod. Test-MCF/D	Length of Test	BBIS. CONDENSATOR NAME			
	2784	3 hours Tubing Presswe(Shut-in)	Casing Pressure (Shut	-in) Choke S	Size	
	Testing Method (pitol, back pr.)	754	754		3/4"	
7.1	Back pressure CERTIFICATE OF COMPLIAN			ONSERVATION DI		
¥ 1.			ADDOVED	AUG 2 6 1980	<u> </u>	19
I heraby certify that the rules and regulations of the Oil Conservation given			by FRANK T. CHAVEZ	by FRANK T. CHAVEZ		
			PERVISOR DISTRICT # 3	<del> </del>		
	SOUTH THE STORY OF	$\sim$	TITLE	EFEATOUR NIGHT		
			* I	be filed in compliance	ce with MULE	1104.

Kenneth E. Roddy Jinneth E.	Kody
(Signature) Production Superintendent	
August 13, 1980	

(Date)

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the devistic 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 owne well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip