NO. OF COPIES REC	EIVED	<u> </u>	
DISTRIBUTION		<u> </u>	5
SANTA FE			
FILE			l
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		1
	GAS		/
OPERATOR			
PROBATION OFFICE			//

II.

V.

	DISTRIBUTION	<del></del> 1	CONSERVATION COMMISSION			
	SANTA FE	REQUES	ST FOR ALLOWABLE	Supersedes Old C-104 and ( Effective 1-1-65		
	FILE		AND			
	U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NAT	URAL GAS		
	LAND OFFICE			•		
	TRANSPORTER GAS					
	OPERATOR					
i.	PRORATION OFFICE					
	SUPRON ENERGY CORPORATION					
	Address CORPOR	CA1 1011				
	P.O. Box 808, Farmin	naton. New Mexico 87401				
	Reason(s) for filing (Check proper be	• 9 /	Other (Please expli	ain)		
	New We!1	Change in Transporter of:	j			
	Recompletion	Oil Dry	Gas 🔲			
	Change in Ownership	Casinghead Gas Cond	densate			
	Change III Owner Shirp					
	If change of ownership give name and address of previous owner					
	DESCRIPTION OF WELL AND	A I FASE				
и.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including	, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	of Lease No		
	Payne	3-A Blanco Mesav	rerde State	, Federal or Fee Com. w/SF 080517		
	Location					
	ת מ	790 Feet From The North L	ine and 980 Fee	et From The West		
	Unit Letter;;					
	Line of Section 20 To	ownship 32 North Range	10 West , NMPM,	San Juan County		
		TO OT AND MATURAL C	AC			
II.	DESIGNATION OF TRANSPOR	Or Condensate X	Address (Give address to whice	h approved copy of this form is to be sent)		
ĺ			PO Box 108. Farm	ington, New Mexico 87401		
- }	Plateau, Inc. Nome of Authorized Transporter of Co	asinghead Gas or Dry Gas X	Address (Give address to which	h approved copy of this form is to be sent)		
ĺ	Southern Union Gatherin		Attention: Mr. R.	l Bldg Dallas, Texas J. McCrary		
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When		
į	If well produces oil or liquids, give location of tanks.	D 20 32N 10W	No			
L		ith that from any other lease or pool	give commingling order numb	er:		
V	COMPLETION DATA					
	Designate Type of Completi	On (X)		pen   Plug Back   Same Res V. Dill. Res		
			XX ;	P.B.T.D.		
Γ	Date Spudded	Date Compl. Ready to Prod.	7595	7550		
L	4-5-80	5-27-80  Name of Producing Formation	. Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)		4761	5267		
L	6098 R.K.B.	Mesaverde	4701	Depth Casing Shoe		
	Perforations			7564		
-	4761 - 5294	TUBING CASING AN	D CEMENTING RECORD			
-		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
-	HOLE SIZE		279	235		
-	13-3/4" 9-7/8"	10-3/4", 32.75# 7-5/8", 26.40#	3160	290		
-	6-3/4"	5-1/2", 15.50#	3010 -7564	500		
-		2-1/16"TT 3-25#	5267			
<u>.</u>	EST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceed top alloable for this depth or be for full 24 hours)					
(	IL WELL		Producing Method (Flow, pump			
	Date First New Oll Run To Tanks	Date of Test	Producting Married 1. 1001 Party			
		Tubing Pressure	Casing Pressure	Choké Size		
1	ength of Test	1 ubing 1 results				
-	Actual Prod. During Test	O11 - Bbls.	Water - Bbls.	Gas-MCF		
'	Kerbai Proa. During 1001					
I_						
G	AS WELL			To al Control		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Graving of Condensate		
	2022	3 hours	Cosing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	1	3/4"		
	Back Pressure	647	649	ERVATION COMMISSION		
1. C	ERTIFICATE OF COMPLIANCE	CE				
			APPROVED JUN	2 1980		
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.			BY Original Signed by FR	ANK T. CHAVEZ		
			TITLESUPERVISOR DI	STRICT # 3		
			11	ad in compliance with must F 1104.		
	Jenneth Z.	1-0-1	This form is to be fil	ed in compliance with RULE 1104.  r allowable for a newly drilled or despend		
	ing in the second and	/	If this is a request to	o makan memberah berangan perdagai perdagai yang berangai perdagai perdagai perdagai perdagai perdagai perdagai		

Kenneth E. Roddy (Signature)

well, this form must be accompanied by a tabulation of the 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 conditions.

(Date)

Production Superintendent

May 30, 1980

Separate Forms C-104 must be filed for each pool in multip

(Title)