NO. OF COPIES RECEIVED 4		~		
DISTRIBUTION		CONSERVATION COMMISSION	Form C -104	
SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-1	
U.S.G.S.		AND	Effective 1+1-65	
LAND OFFICE		ANSPORT OIL AND NATURAL (GAS	
IRANSPORTER OIL		GEIVED		
OPERATOR /				
I. PRORATION OFFICE		5 1977		
SUPRON ENERGY CORPOR	RATION	ा		
Address	Control 0250 North Control	ARTESIA, OFFICE		
Reason(s) for filing (Check proper b	Centre, 8350 North Centra	al Expressway, Dallas, Te Other (Please explain)	exas 75206	
New Well	Change in Transporter of:			
Recompletion	Oil Dry G		ator's name from Production Company	
Change in Ownership	Casinghead Gas Conde			
If change of ownership give name and address of previous owner				

II. DESCRIPTION OF WELL ANI		Ime, Including Formation	Kind of Lease	
Randel State		lagriff Keyes	State, Federal or Fee State	
Location		1000		
Unit Letter;	980 Feet From The North Lin	ne and Feet From 7	Fhe	
Line of Section 4 , T	ownship 17 South Range 2	28 East , NMPM,	Eddy County	
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of C	RTER OF OIL AND NATURAL GA	Address (Give address to which approx	red copy of this form is to be conti	
		(
Name of Authorized Transporter of C		Address (Give address to which approv	-	
Phillps Petroleum Con		Adams Bldg, Bartlesvil Is gas actually connected? Whe		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n	
If this production is commingled	with that from any other lease or pool,	give commingling order number:	<u> </u>	
IV. COMPLETION DATA	Oil Well Gas Well			
Designate Type of Complet	dis = (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tables De A	
	Name of Producing Polination	Top On/Gas Pay	Tubing Depth	
Perforations	· · · · · · · · · · · · · · · · · · ·		Depth Casing Shoe	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
· · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil (and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	able for this de	epth or be for full 24 hours)	· · ·	
Date First New OII Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
I <u></u>		1		
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
			CHORE SIZE	
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION	
		APPROVED SEP 1 5 1	977	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED		
above is true and complete to t	he best of my knowledge and belief.	BY	asse of	
		TITLESUPERVISOR,	DISTRICT II	
Sun J. Le.		This form is to be filed in compliance with RULE 1104.		
		If this is a request for allowable for a newly drilled or deepened		
Jerry L. Lee (Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
<u>— Engineer, Drilling a</u>	n <u>d Production</u> Tule)	All sections of this form must able on new and recompleted we	st be filled out completely for allow- lis.	
June 29, 1977		Fill out Sections I, II, III,	and VI only for changes of owner,	
(Date)			well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	
		completed wells.	in the second poor in multiply	