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| DISTRIBUTION      |       |  |  |
| SANTA FE          |       |  |  |
| FILE              |       |  |  |
| U.S.G.S.          |       |  |  |
| LAND OFFICE       |       |  |  |
| TRANSPORTER       | OIL   |  |  |
|                   | GAS   |  |  |
| OPERATOR          |       |  |  |
| PRORATION OF      |       |  |  |
| Operator          |       |  |  |

| Form C-104<br>Supersedes Old C-104 and C-1 |
|--|
| Effective 1-1-65                           |
| CCCIA                                      |
| RILLIVED                                   |
| OIL CON. COM.                              |
| DIST. 3                                    |
| ration                                     |
| n, New Mexico 87401                        |
| Lease No. Fee Fed SF 079616A               |
| East                                       |
| oa County                                  |
| copy of this form is to be sent)           |
| copy of this form is to be sent) Building  |
| 3/59                                       |
|  |
| ug Back Same Res'v. Diff. Res'v.           |
| ibing Depth                                |
| epth Casing Shoe                           |
|  |
| SACKS CEMENT                               |
| 150  |
| must be equal to or exceed top allow-      |
| c.)  |
| noke Size                                  |
| 28 - MCF                                   |
|  |
| avity of Condensate                        |
| noke Size                                  |
| ON COMMISSION                              |

|   | DISTRIBUTION  | NEW MEXICO OIL CONSERVATION COMMISSION   |   | Form C-104                          |  |              |               |   |  |  |  |  |
|---|---|--|---|-------------------------------------|--|--------------|---------------|---|--|--|--|--|
|   | SANTA FE  | REQUEST  | REQUEST FOR ALLOWABLE AND   |                                     |  |              |               |   |  |  |  |  |
|   | FILE  |  |   |                                     |  |              |               |   |  |  |  |  |
|   | U.S.G.S.  | AUTHORIZATION TO TR  | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  |                                     |  |              |               |   |  |  |  |  |
|   | LAND OFFICE   | _  |   |                                     |  |              |               |   |  |  |  |  |
|   | TRANSPORTER GAS   |  |   |                                     |  |              |               |   |  |  |  |  |
|   | <b> </b>  | _  |   |                                     | CCCI                                     |              |               |   |  |  |  |  |
| _   | PRORATION OFFICE  | -  |   |                                     | API FILES                                |              |               |   |  |  |  |  |
| 1.  | Operator Operator   |  |   |                                     | -/WULIVEDY                               |              |               |   |  |  |  |  |
|   | Union Texas Petrol  | eum Corporation  |   |                                     | 1 1111 2                                 |              |               |   |  |  |  |  |
|   | Address   |  | - VUL 2 3 1982 -  |                                     |  |              |               |   |  |  |  |  |
|   | 100 200   |  |   |                                     |  |              |               |   |  |  |  |  |
|   | Reason(s) for filing (Check proper b                                    | 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295  on(s) for filing (Check proper box)  Other (Please explain) |   |                                     |  |              |               |   |  |  |  |  |
|   | New Well  | Change in Transporter of:  |   |                                     | e explain) DIST. 3                       |              |               |   |  |  |  |  |
|   | Recompletion  | Oil Dry G  | Dry Gas Unicon Producing  |                                     |  |              |               |   |  |  |  |  |
|   | Change in Ownership X   | Casinghead Gas Conde   | ensate Curven   | _                                   | peration                                 |              |               |   |  |  |  |  |
|   |   |  |   |                                     |  |              |               |   |  |  |  |  |
|   | If change of ownership give name  | Supron Energy Corporation  | n, P. O. Box 80   | 8. Farming                          | ton. New Mexico 87401                    |              |               |   |  |  |  |  |
|   | and address of previous owner   |  |   | -,                                  | 33.3, 3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3. |              |               |   |  |  |  |  |
| II.   | DESCRIPTION OF WELL AN  | D LEASE  |   |                                     |  |              |               |   |  |  |  |  |
|   | Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease  |  |   |                                     |  |              |               |   |  |  |  |  |
|   | McCroden "B"  | 2 Tapacito Pictu   | tured Cliffs State, Federal or Fee Fed SF 079616A   |                                     |  |              |               |   |  |  |  |  |
|   | Location  |  |   |                                     |  |              |               |   |  |  |  |  |
|   | Unit Letter I ; ]   | 650 Feet From The North Lin  | ne and 990  | Feet From T                         | <sub>he</sub> East                       |              |               |   |  |  |  |  |
|   |   |  |   |                                     |  |              |               |   |  |  |  |  |
|   | Line of Section 4   | Township 25 North Range 3  | West , NMP  | м, Rio Arr                          | riba County                              |              |               |   |  |  |  |  |
|   |   |  |   |                                     |  |              |               |   |  |  |  |  |
| III.  | <b>DESIGNATION OF TRANSPO</b>   | RTER OF OIL AND NATURAL GA   | AS  |                                     |  |              |               |   |  |  |  |  |
|   | Name of Authorized Transporter of (                                     | or Condensate  | Address (Give address   | to which approve                    | ed copy of this form is to be sent)      |              |               |   |  |  |  |  |
|   |   |  |   |                                     |  |              |               |   |  |  |  |  |
|   | Name of Authorized Transporter of (                                     | Casinghead Gas or Dry Gas X  | Address (Give address<br>1800 First In  | to which approve                    | ed copy of this form is to be sent)      |              |               |   |  |  |  |  |
|   | Gas Company of New  | Mexico   | Dallas, Texas   | 75201                               | i bulluing                               |              |               |   |  |  |  |  |
|   | If well produces oil or liquids,  | Unit Sec. Twp. Rge.  | Is gas actually connec  | ted? When                           | n  |              |               |   |  |  |  |  |
|   | give location of tanks.   | <u> </u>   | Yes   |                                     | 7/8/59                                   |              |               |   |  |  |  |  |
|   | If this production is commingled  | with that from any other lease or pool,  | give commingling ord  | er number:                          |  |              |               |   |  |  |  |  |
| IV.   | COMPLETION DATA   |  |   |                                     |  |              |               |   |  |  |  |  |
|   | Designate Type of Comple  | tion - (X)   | New Well Workover   | Deepen                              | Plug Back   Same Resty.   Diff. Resty.   |              |               |   |  |  |  |  |
|   |   | XX   | XX  | 1                                   | 1 1                                      |              |               |   |  |  |  |  |
|   | Date Spudded  | Date Compl. Ready to Prod.   | Total Depth   |                                     | P.B.T.D.                                 |              |               |   |  |  |  |  |
|   | 4/30/59   | 5/9/59   | 39381   |                                     |  |              |               |   |  |  |  |  |
|   | Elevations (DF, RKB, RT, GR, etc.                                       | Name of Producing Formation  | Top Oil/Gas Pay   |                                     | Tubing Depth                             |              |               |   |  |  |  |  |
|   | 3826'   | Picture Cliffs   | 7311'   |                                     |  |              |               |   |  |  |  |  |
|   | Perforations  | 2761   |   |                                     | Depth Casing Shoe                        |              |               |   |  |  |  |  |
|   | 3826'-3876'   |  |   |                                     |  |              |               |   |  |  |  |  |
|   |   | TUBING, CASING, AN   | - <del></del>   | ·····                               |  |              |               |   |  |  |  |  |
|   | HOLE SIZE   | CASING & TUBING SIZE   | DEPTH S   | SET                                 | SACKS CEMENT                             |              |               |   |  |  |  |  |
|   |   |  |   |                                     |  |              |               |   |  |  |  |  |
|   |   | 5-1/2"   | 3938'   |                                     | 150                                      |              |               |   |  |  |  |  |
|   |   |  | 3840'   |                                     |  |              |               |   |  |  |  |  |
|   |   | DOD AT TOWARD TO   |   |                                     |  |              |               |   |  |  |  |  |
| ν.  | TEST DATA AND REQUEST OIL WELL  | FUR ALLOWABLE (Test must be able for this d  | after recovery of total vol<br>epth or be for full 24 hou   |                                     | nd must be equal to or exceed top allow- |              |               |   |  |  |  |  |
|   | Date First New Oil Run To Tanks   | Date of Test   | Producing Method (Flo   |                                     | , etc.)                                  |              |               |   |  |  |  |  |
|   |   |  |   |                                     | •  |              |               |   |  |  |  |  |
|   | Length of Test  | Tubing Pressure  | Casing Pressure   |                                     | Choke Size                               |              |               |   |  |  |  |  |
|   | -   |  |   |                                     | ·  |              |               |   |  |  |  |  |
|   | Actual Prod. During Test  | Oil-Bbls.  | Water-Bbls.   |                                     | Gas-MCF                                  |              |               |   |  |  |  |  |
|   |   |  |   | ,                                   |  |              |               |   |  |  |  |  |
|   |   |  | <u> </u>  |                                     |  |              |               |   |  |  |  |  |
|   | GAS WELL  |  |   |                                     |  |              |               |   |  |  |  |  |
|   | Actual Prod. Test-MCF/D   | Length of Test   | Bbls. Condensate/MM   | CF                                  | Gravity of Condensate                    |              |               |   |  |  |  |  |
|   |   |  |   |                                     |  |              |               |   |  |  |  |  |
|   | Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)  | Casing Pressure (Shu  | t-in)                               | Choke Size                               |              |               |   |  |  |  |  |
|   |   |  |   |                                     |  |              |               |   |  |  |  |  |
| VI.   | CERTIFICATE OF COMPLIANCE   |  | OIL   | CONSERVA                            | TION COMMISSION                          |              |               |   |  |  |  |  |
|   | I hereby certify that the rules and regulations of the Oil Conservation |  |   | 1011 0 0 1000                       |  |              |               |   |  |  |  |  |
|   |   |  | APPROVED 101 2 3 1982   |                                     |  |              |               |   |  |  |  |  |
| Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Union Texas Petroleum Corporation |   |  |   | By Original Signed by Jeff Edmister |  |              |               |   |  |  |  |  |
|   |   |  | TITLE . DEPUTY OIL & GAS INSPECTOR, DIST. #3  |                                     |  |              |               |   |  |  |  |  |
|   |   |  |   |                                     |  |              |               | (Signature)   |  | This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened |  |  |
|   |   |  |   |                                     |  |              |               |   |  | well, this form must be accompanied by a tabulation of the deviation   |  |  |
| Vice - President  (6   11   8 2 (Date)  |   |  | 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. |                                     |  |              |               |   |  |  |  |  |
|   |   |  |   |                                     |  |              | 11            | 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 For | ms C-104 must | be filed for each pool in multiply  |  |  |  |  |
|   |   |  |   |                                     |  |              |               |   |  |  |  |  |