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	GAS		
OPERATOR		1	
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(Date)

Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Supron Energy Corporation P.O. Box 800, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Recompletion Oil Dry Gas Change in name of operator Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner \_\_\_ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Contract Jicarilla "K" 15 South Blanco Pictured Cliffs State, Federal or Fee Federal 930 1835 Feet From The South Line and East Unit Lauer Feet From The 1 25 North 5 West Township Range Line of Section . NMPM. Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Farmington, New Mexico 37401

Address (Give address to which approved copy of this form is to be sent)

1st International Bldg., Dallas, Texas 75270

Attn: R. J. McCrary

Is gas actually connected? When Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas 🟋 Gas Company of New Mexico P.ge. Sec. Twp. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Length of Test Tubing Pressure Casing Pressure Water - Bbls. Gas - MCI Actual Prod. During Test Olla Bhis. DIS **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensa Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE JUN 27 1977 APPROVED\_ 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. CENTINAL SIGNED BY N. E. MAXIVELL, JR. PETROLLUM ENGINEER DIST. NO. 5 Original Signed By TITLE . Rudy D. Motto 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 tests taken on the well in accordance with RULE 111. Rudy D. Mocto (Signature) Area Superintendent All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) June 25, 1977

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 Forms C-104 must be filed for each pool in multiply completed wells.