

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

I.

Operator Supron Energy Corporation	
Address P.O. Box 808, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Commingled Dakota and Mesaverde zones.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "F"	Well No. 1	Pool Name, Including Formation Blanco Mesaverde Wild Horse Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. Contract #107
Location Unit Letter <u>L</u> ; <u>1600</u> Feet From The <u>South</u> Line and <u>850</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>26 North</u> Range <u>4 West</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) First International Building, Dallas, Texas Attention: Mr. R. J. McGrary					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27	Twp. 26N	Rge. 4W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: R-5860

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well XX	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded - - -	Date Compl. Ready to Prod. 8/20/79		Total Depth 8350		P.B.T.D. 8331			
Elevations (DF, RKB, RT, GR, etc.) 7190 R.K.B.	Name of Producing Formation Mesaverde & Dakota		Top Oil/Gas Pay 5900		Tubing Depth 7623			
Perforations 5900 - 8325					Depth Casing Shoe 8350			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
SEE PREVIOUS REPORTS FOR CASING								
		2-3/8", 4.70#, E.U.E.		7623				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 252	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 577	Casing Pressure (shut-in) - - -	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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.

Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Production Superintendent
(Title)
August 20, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 22 1979
BY Robert E. Roddy, Jr.
SUPERVISOR DISTRICT 19
TITLE _____

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.

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 condition. Separate Forms C-104 must be filed for each pool in multiple