J. 07 CO. 123		14	
DISTRIBUTION			
ANTA FE		1	
FILE		17	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	G A S		
OPERATOR			
PRORATION OFFICE]
Operator			
•	-		_

	DISTRIBUTION	NEW MEXICO OI	L CONSERVATION COMMISSION			
	ANTA FE	REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-		
	FILE			Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO 1	FRANSPORT OIL AND NATURA	L GAS		
	TRANSPORTER GAS /					
	OPERATOR					
1.	PRORATION OFFICE					
	Operator C	-				
	Supron Energy	Corporation				
	P.O. Box 808, Farmington, New Mexico 87401					
	Reason(s) for filing (Check proper	Other (Please explain)				
	New Well Change in Transporter of: Recompletion Dry Gas Dry Gas Opened a new zone in an old well.					
	Change in Ownership	Casinghead Gas Con	densate			
	If change of ownership give nam and address of previous owner _	e				
11.	DESCRIPTION OF WELL AN	D LEASE				
	Lease Name	Well No. Pool Name, Including		Gontrar		
	Jicarilla "F"	1 Tapacito Pic	ctured Cliffs State, Fed	eral or Fee Federal #107		
		1600				
	Unit Letter L ;	1600 Feet From The South	_ine and Feet Fro	m The West		
	Line of Section 27	Township 26 North Range	4 West , NMPM, Ri	o Arriba County		
			, and the RI	O AFFIDA County		
III.		RTER OF OIL AND NATURAL O				
	Name of Authorized Transporter of (or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
	Name of Authorized Transporter of (Casinghead Gas or Dry Gas X	Address (Cine all and a Line)			
	Gas Company of New Me		First International Bu	roved copy of this form is to be sent) ailding, Dallas, Texas		
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	necessaria. Mr. K. J.	McCrary When		
	give location of tanks.		No			
	If this production is commingled	with that from any other lease or pool	. give commingling order number			
	COMPLETION DATA					
	Designate Type of Complet	cion - (X) Oil Well Gas Well XX	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.		
		8/20/79	8350	8331		
<u> </u>	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	7190 R.K.B.	Pictured Cliffs	3800	3786		
1	Perforations			Depth Casing Shoe		
}	3800 - 3814			8350		
F	TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT					
r		CASING & FORMS SIZE	DEPTH SET	SACKS CEMENT		
	SEE PI	EVIOUS REPORTS FOR CASIN	ıç			
_						
L		1-1/2", 2.90# E.U.E.	3786			
	FEST DATA AND REQUEST F DIL WELL	FOR ALLOWABLE (Test must be a	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-		
-	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift. etc.)		
- 1						
T	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
1	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF		
!_		1				
c	GAS WELL					
_	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	743	3 Hours		7		
_	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
L	Back Pressure	993	993	3/4"		
VI. C	ERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE		TION COMMISSION		
	ļ ļ		APPROVED OCT	9 1979		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			BYOriginal Signed by L. D. N. Sleich			
above is true and complete to the best of my knowledge and belief.						
	1. H. E. P. I. C.		SUPERVISOR DISTRICT # 3			
			TITLE			
.4			This form is to be filed in compliance with RULE 1104.			
Kenneth E. Roddy (Signature)		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				
Pr	Production Superintendent		tests taken on the well in accordance with RULE 111.			
	(Tii		All sections of this form muse able on new and recompleted we	at be filled out completely for allow- ils.		
	August 20, 1979		Fill out only Sections I. II. III. and VI for changes of owner,			

(Date)

well name or number, or transporter, or other such change of condition.

Secrete Forms C-104 must be filed for each not in multiply

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