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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-110
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)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☒ Change Name of Operator
Record on ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐
Change ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "E"	Well No. 10	Pool Name, including Formation Tapacito Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Contract 104
Location Unit Letter I 1720 Feet From The South Line and 790 Feet From The East Line of Section 22 Township 26 North Range 4 West NMPM Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent)	
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 Bldg. Dallas, Texas—Attn: Mr. R. J. McGrary	
If well produces oil or liquids, give location of tanks.	Unit	Sec.

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

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Length of Oil, Gas, Water, etc. Pay	Date of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Temperature					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
PIPE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

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

Date First Gas Test - MCF	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back p.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Original Signed By
Rudy D. Motto

Rudy D. Motto (Signature)
Area Superintendent (Title)

June 30, 1977 (Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 30 1977**, 19_____
BY **ORIGINAL SIGNED BY N. E. MAXWELL, JR.**
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 multiply completed wells.