

Operator

Southern Union Exploration Company

Address

1217 Main Street, Suite 400, Texas Federal Bldg., Dallas, Texas 75202

Reason(s) for filing (Check proper box)

New Well ☐

Change in Transporter of:

Recompletion ☐

011

Dry Gas

Change in Ownership ☐

Casinghead Gus

Condensate

Other (Please explain)

Change of operator and address.

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

SUPRON Energy Corporation, 10300 N. Central Expressway, Bldg. V, 5th Fl.
Dallas, Texas 75231

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla "D"	15	Tapaçito Pictured Cliffs	State, Federal or Fee Federal	-100

Location

Unit Letter C ; 790 Feet From The North Line and 1850 Feet From The West

Line of Section 30 Township 26N Range 3W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.					Box 108, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Gas Company of New Mexico					First International Bldg., Dallas, TX 75202	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	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			Taking Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Coasting Pressure (Shut-in)	Choke Size

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.

Paul H. Schultz
(Signature)
Drilling & Production Engineer

Drilling & Production Engineer

July

12/30/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 20 1981, 1981

BY _____ Original Signed By FRANK J. [illegible]

TITLE _____ SUPERVISOR DISTRICT NO. _____

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 Form C-104 must be filed for each well in multiple completion.