

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
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-110
Effective 1-1-65

I.

Operator Supren Energy Corporation	
Address P.O. Box 808, Farmington, New Mexico 87401	
Reason for filing (Check proper box)	Other (Please explain)
New Well: <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion: <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership: <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 "H"	Well No. 9	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. Contract 103
Location Unit Letter A ; 825 Feet From The North Line and 825 Feet From The East Line of Section 17 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Farmington, New Mexico 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) 1st International Bldg. Dallas, Texas - Attn.: Mr. R. J. McGrary	
If well produces oil or liquids, give location of tanks.	Unit A Sec. 17 Twp. 26N Rge. 4W	Is gas actually connected? Yes When _____

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11/10/77	Date Compl. Ready to Prod. 4/8/78		Total Depth 6259		P.B.T.D. 6213			
Elevations (DF, RKB, RT, GR, etc.) 7093 GR	Name of Producing Formation Blanco Mesaverde		Top Oil/Gas Pay 5514		Tubing Depth 5467			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/8"	10-3/4" O.D. 30# & 32.75#		416		250 Sacks			
9-7/8"	7-5/8" O.D., 26.40#		4058		206 Cu. ft.			
6-3/4"	4-1/2" O.D., 10.50#		3895-6255		403 Cu. ft.			
	2-1/16" O.D., 3.25#		5467					

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 1404	Length of Test 3 Hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 980	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.

Original signed by
Kenneth E. Roddy
Kenneth E. Roddy (Signature)
Production Superintendent
(Title)
May 3, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Original Signed by A. A. Kendrick**
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.