Form C-104 Supersedes Old C-104 and C-110

NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR Api 30-039-21774 PRORATION OFFICE Supron Energy Corporation P. O. Box 808, Farmington, New Mexico 87401
Recson(s) for filing (Check proper box) Other (Please explain) X New Well Oil Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE ell No.: Pool Name, Including Formation Kind of Lease Contract State, Federal or Fee Federal Jicarilla "H" 10 Blanco Mesaverde Location 840 West 930 Feet From The North Line and Feet From The Unit Letter , NMPM, Rio Arriba Range W.W Line of Section 17 Township 26N III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil P.O. Box 108, Farmington, New Mexico 87401 Plateau, Inc. Address (Give address to which approved copy of this form is to be sent)
1st International Bldg., Dallas, Texas
Attention: Mr. R. J. McCrary
1s gas actually connected? When Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Gas Company of New Mexico P.ge. If well produces oil or liquids, give location of tanks. 1 4W 26N If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. New Well Workover Gas Well Oll Well Designate Type of Completion -(X)XX XX P.B.T.D. Total Depth Date Spudded 7819 7886 5/2/79 10/25/78 Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 5795 Mesaverde 5114 6775 GR. Depth Casing Shoe 5114 - 5820 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 10-3/4", 32.75# 224 ft. 156 13-3/4" 7-5/8", 26.40# 3760 ft 200 9-7/8" 500 5-1/2", 15.50# 7865 ft. 6-3/4" 5795 ft. 2-1/16" 25# 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Stre Casing Pressure Length of Test Tubing Pressure Water - Bbls. Otl - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D 3 hours 1638 Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 1093 775 Back Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE JUN 18 1979 APPROVED. 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. By Original Signed by A. R. Kendrick SUPERVISOR DISTRICT # TITLE . Original signed by This form is to be filed in compliance with RULE 1104. Kenneth F Rodd

Kenneth E. Roddfignature)
Production Superintendent
 (Title)
May 8, 1979
 (Date)

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.