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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

API 30-039-21779

Operator <b>SUPRON ENERGY CORPORATION</b>	
Address <b>P. O. Box 808, Farmington, New Mexico 87401</b>	
Reason(s) 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

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease
Lease Name <b>Jicarilla "G"</b>	Well No. <b>10-A</b>	State, Federal or Fee <b>Federal</b>	<b>Contract 130</b>
Pool Name, Including Formation <b>Basin Dakota</b>			
Location			
Unit Letter <b>I</b>	<b>1600</b>	Feet From The <b>South</b>	Line and <b>790</b>
Line of Section <b>12</b>		Township <b>26N</b>	Range <b>5W</b>
		, NMPM, <b>Rio Arriba</b> County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	<b>Farmington, New Mexico, 87401, P.O. Box 108</b>		
<b>Plateau, Inc.</b>	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"/>	<b>1st International Bldg., Dallas, Texas</b>		
<b>Gas Company of New Mexico</b>	Attn: <b>Mr. R. J. McCrary</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>12</b>	Twp. <b>26N</b>
			Rge. <b>5W</b>
	Is gas actually connected?		When
	<b>No</b>		<b>Upon installation of pipeline facility.</b>

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			<b>X</b>	<b>X</b>					
Date Spudded <b>9/27/78</b>	Date Compl. Ready to Prod. <b>1/23/79</b>	Total Depth <b>8337</b>		P.B.T.D. <b>8275</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>7195 Gr.</b>	Name of Producing Formation <b>Dakota</b>	Top Oil/Gas Pay <b>8096 Ft.</b>		Tubing Depth <b>8074</b>					
Perforations <b>19 perforations Size 0.42" from 8096' to 8250 ft.</b>				Depth Casing Shoe <b>8337</b>					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>13-3/4"</b>	<b>10-3/4"</b>		<b>266 ft.</b>		<b>250 sx.</b>				
<b>8-3/4"</b>	<b>7"</b>		<b>4125 ft.</b>		<b>200 sx.</b>				
<b>6-1/4"</b>	<b>4-1/2"</b>		<b>8337 ft.</b>		<b>600 sx.</b>				

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 <b>917</b>	Length of Test <b>3 hrs.</b>	Bbls. Condensate/MMCF <b>-0-</b>	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Back Pressure</b>	Tubing Pressure (shut-in) <b>2357</b>	Casing Pressure (Shut-in) <b>Packer</b>	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**

**January 24, 1979**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAD 7 1979**, 19

Original Signed by **A. R. Kendrick**

TITLE **SUPERVISOR**

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.