

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
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-105  
Effective 1-1-65

API 30-039-21929

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:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name JICARILLA "B"	Well No. 11	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Contract No. 106
Location Unit Letter <u>D</u> : <u>810</u> Feet From The <u>North</u> Line and <u>1005</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>26 North</u> Range <u>4 West</u> , NMPM, <u>Rio Arriba</u> 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108, Farmington, New Mexico 87401					
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 Building, Dallas, Texas Attention: Mr. R. J. McGrary					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 25	Twp. 26N	Rge. 4W	Is gas actually connected? No	When

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 Rest'v.	Diff. Rest'v.
			XX	XX					
Date Spudded 12/11/78	Date Compl. Ready to Prod. 5/30/79	Total Depth 8236		P.B.T.D. 8143					
Elevations (DF, RKB, RT, GR, etc.) 7137 GR.	Name of Producing Formation Dakota	Top Oil/Gas Pay 7996		Tubing Depth 7970					
Perforations 7996 - 8115				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13-3/4"	10-3/4", 32.75 lb.		243		185				
9-7/8"	7-5/8", 26.40 lb.		4000		250				
6-3/4"	5-1/2", 15.50 lb.		8162		500				
	2-1/16", 3.25 lb.		7970						

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 687	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1987	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.

Kenneth E. Roddy  
Kenneth E. Roddy (Signature)  
Production Superintendent  
(Title)

June 1, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 5 1979, 19  
BY Original Signed by A. R. Kendrick  
TITLE SUPERVISOR DISTRICT # 3

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 multiple