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TRANSPORTER OIL		
TRANSPORTER 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-111
Effective 1-1-65

Lee
Mike Copie

Operator
~~Supron Energy Corporation~~ % John H. Hill, et al — So. Union Expl. Co.

Address
Kyser Bldg, Suite 020, 300 W. Arrington, Farmington, New Mexico 87401

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla A	10-E	Basin Dakota	State, Federal or Fee Federal	Tribal #105

Location
Unit Letter G : 1690 Feet From The North Line and 1680 Feet From The East

Line of Section 23 Township 26 North Range 4 West , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]
Plateau Oil Company
Address *(Give address to which approved copy of this form is to be sent)*
P. O. Box 108
Farmington, New Mexico 87401

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]
Gas Company of New Mexico
Address *(Give address to which approved copy of this form is to be sent)*
1st International Bldg, Dallas, Texas 75270
Attn: Mr. R. J. McCrary

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	23	26	4	Yes	5-1-81

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

COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8/11/80	6-8-81	8300'	8258'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
7140' GR	Dakota	7998'	7942'
Perforations			**Depth Casing Shoe**
7998, 8004, 10, 16, 21, 27, 38, 39, 45, 50, 8106, 12, 18, 24, 45, 51, 8157, 63, 78, 84, 90			8300'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14-3/4"	10-3/4"	403'	400 Sx Class B
9-7/8"	7-5/8"	4083'	770 Sx 50/50 Poz
6-3/4"	5-1/2"	8300'	525 Sx 50/50 Poz
	1-1/2"	7893'	

TEST DATA AND REQUEST FOR ALLOWABLE

(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

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**

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OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
667	3 Hours	-	-
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	1332	1134	3/4

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.

for John H. Hill, et al
(Signature)
on behalf of, and agent for Supron Energy Corp
Exploration/Producing Manager
(Title)
6-17-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED 7- JUL 14 1981

BY Frank T. Chavez

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 multiply completed wells.