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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
Effective 1-1-65

Operator SUPRON ENERGY CORPORATION	
Address P.O. Box 808, Farmington, New Mexico 87401	
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 _____

Lease Name Jicarilla "J"		Well No. 10-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed. Cont.	Lease No. #153
Location Unit Letter N ; 925 Feet From The South Line and 1658 Feet From The West Line of Section 26 Township 26 North Range 5 West , NMPM, Rio Arriba County					

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)
plateau, Inc.	P.O. Box 108, 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)
Gas Company of New Mexico	First International Bldg. - Dallas, Texas Attention: Mr. R.J. McCrary
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 26 26N 5W No -----

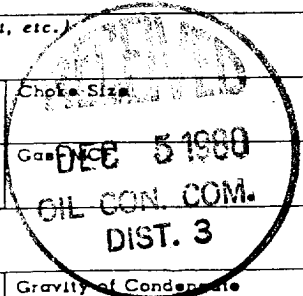
If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'
	XX XX
Date Spudded 8-23-80	Date Compl. Ready to Prod. 12-1-80
Elevations (DF, RKB, RT, GR, etc.) 6582 R.K.B.	Name of Producing Formation Dakota
Perforations 7194 - 7376	Top Oil/Gas Pay 7194
	Tubing Depth 7160
	Depth Casing Shoe 7482

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00#	285	200
7-7/8"	4-1/2", 10.50#	7482	1030 (3 stages)
	2-3/8", EUE, 4.70#	7160	

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 2554	Length of Test 3 hours
Testing Method (pitot, back pr.) Back pressure	Tubing Pressure (Shut-in) 2217
	Casing Pressure (Shut-in) -----
	Choke Size 3/4"

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED DEC 6 1980 , 19____	
Kenneth E. Roddy <i>Kenneth E. Roddy</i> (Signature) Production Superintendent (Title) December 3, 1980 (Date)		BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 4 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 completed wells.	