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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
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"/>	add trans. oper. name change from Hill - Hewelby
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Newsom "B"	Well No. 19	Pool Name, Including Formation Ballard Pictured Cliffs	Kind of Lease State, Federal or Fee Federal SF	Lease No. 078384
Location Unit Letter <u>P</u> : <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>8</u> Township <u>26 North</u> Range <u>8 West</u> , NMPM, <u>San Juan</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Gas Company of New Mexico	1st International Bldg., Dallas Texas Attention: R. J. McGrary					
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>8</u>	Twp. <u>26N</u>	Rge. <u>8W</u>	Is gas actually connected? <u>No</u>	When <u>In Progress</u>

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

III. 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 12-21-79	Date Compl. Ready to Prod. 1-25-80		Total Depth 2410		P.B.T.D. 2370			
Elevations (DF, RKB, RT, GR, etc.) 6420 RG	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2203		Tubing Depth No Tubing			
Perforations 15 Size 0.33" holes at 2203,2204,2205,2206,2207,2212,2214,2262, 2264,2266,2268,2272,2274,2276 and 2278'					Depth Casing Shoe 2410			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7-5/8"		170'		140 Sx.			
6-3/4"	2-7/8"		2410		250 Sx.			

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 1288	Length of Test 3 Hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) NA	Casing Pressure (Shut-in) 515 PSIG	Choke Size 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.

Rudy D. Motto
Rudy D. Motto
Area Superintendent
(Signature)
(Title)
June 13, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 23 1980, 19
Original Signed by FRANK T. HAVAZ
BY SUPERVISOR DISTRICT # 3
TITLE

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.