

OIL CONSERVATION DIVISION
P. O. BOX 2688
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	Supron Energy Corporation
Address	P. O. Box 808, Farmington, New Mexico 80741, Attn: Mr. Rudy Motto
Reason(s) for filing (Check proper box)	Other (Please explain)
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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Newsom "B"	20	Ballard Pictured Cliffs	State, Federal or Fee Federal	SF-078384
Location				
Unit Letter		1850 Feet From The South Line and 790 Feet From The West		
Line of Section	5	Township 26 North Range 8 West	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
Gas Company of New Mexico	1st International Bldg., Dallas, Texas 75270 Attention: Mr. R. J. McCrary	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? When
		No

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 Res't.	Diff. Res't.
		XX	XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/24/80	3/11/81	4500'	3470'					
Elevations (Dk, R, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6194' GR	Ballard Pictured Cliffs	2026'	4124.9'					
Perforations	Depth Casing Shoe							
2026, 36, 38, 40, 42, 47, 58, 62, 65, 69, 78, 2102, 07	4491'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	307'	250
7-7/8"	4-1/2"	4491'	940
	2-3/8"	2049.47'	
Bridge Plug at 4244 & 3550, 5 sx dumped, top of cement 3470'			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1688	3 hours	-----	-----
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	496	496	3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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
on behalf of and agent for Supron Energy Corp.
Exploration and Producing Manager

June 1, 1981

OIL CONSERVATION DIVISION

JUN 19 1981

APPROVED

Original Signed by FRANK T. CHAVEZ

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 name, well name or number, transporter or other such change of information.

Separate Form O-101 must be filed for each pool in which a completed well.