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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

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 ☐

Cii

Dry Gas

Change in Ownership ☐

Casinghead Gas ☐Condensate ☐

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

DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	
Newsom "B"	9-E	Basin Dakota	State, Federal or Fee	Fed. SF 078433
Location				
Unit Letter	P	880	Feet From The	South Line and 975 Feet From The East
Line of Section	7	Township	26 North	Range 8 West, NMPM, San Juan 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)		
El Paso Natural Gas Company		P.O. Box 990, Farmington, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	P	7	26N	8W
Is gas actually connected?		When		
No				

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			XX	XX					
Date Spudded 7-22-81	Date Compl. Ready to Prod. 11-2-81	Total Depth 6713				P.B.T.D. 6671			
Elevations (DF, RAB, RT, GR, etc., 6267 ft. R.K.B.	Name of Producing Formation Dakota	Top Oil/Gas Pay 6356				Tubing Depth 6494			
Perforations 6356 - 6568 (26 holes)						Depth Casing Shoe 6713			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00#	267	275
7-7/8"	4-1/2", 10.50#	6713	1000 (3 stages)
	2-3/8" EUE, 4.70#	6494	

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

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GAS WELL

Actual Prod. Test-MCF/D 1063	Length of Test 3 hours	Bbls. Condensate/MMCF	Grav. Condensate
Testing Method (piros, back pr.) Back pressure	Tubing Pressure (shut-in) 1690	Casing Pressure (shut-in) 1650	Choke size 3/4"

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.

Kenneth E. Roddy

Kenneth E. Roddu

(Signature)

Production Superintendent

(Title)

November 3, 1981

1938

OIL CONSERVATION DIVISION

NOV 5 1981

APPROVED NOV 3 1951, 19

Original Signed by FRANK T. CHAVEZ

BY _____ SUPERVISOR DISTRICT # _____

TITLE _____

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 all wells 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 which: