7

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1, Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS <del>JUL 2 3 1982</del> n Corporation OIL CON. COM. DIST. 3 1860 Lincoln Street, Suite 1010, Denver, Colorado 80295 Reason(s) for filing (Check proper box) Other (Please explain) New Well **Change** 011 Recompletion Dry Gas Change in Ownership X Supron Energy Casinghead Gas Condensate Corporation-If change of ownership give name Supron Energy Corporation, P. O. Box 808, Farmington, New Mexico 87401 and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee RICHARDSON COM BASIN DAKQTA FED 077972 Location 1055 Feet From The SOUTH Line and 1775 WEST Unit Letter Township 27 NORTH Line of Section Range 13 WEST , NMPM, SAN JUAN County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate X Post Office Box 108, Farmington, NM 87401
Address (Give address to which approved copy of this form is to be sent) Plateau, Inc.
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Post Office Box 1492, El Paso, TX 79978 El Paso Natural Gas Co. Sec. Unit Twp. Is gas actually connected? If well produces oil or liquids, give location of tanks. 02/18/65 2 Ν 27N 13W If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Oil Well Gas Well New Well Plug Back Same Resty, Diff. Resty. Designate Type of Completion - (X) XX Total Depth Date Spudged Date Compl. Ready to Prod. P.B.T.D. 6285 10/03/64 10/15/64 6208 , RKB, RT, GR, etc., Name of Producing Formation Top Oil/Gas Pay Tubing Depth 5969 DF DAKOTA 6047 6156 Depth Casing Shoe 6047-50,6065-80,6098-6103,6121-27,6133-37,6141-45,6154-74,6189-98 6284 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 8-5/8" 12-1/4" 298 220 4-1/2" 7-7/8" 6285 1750 cu ft 1-1/2" 6156 V. 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 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION JUL 2 3 1982 APPROVED 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. Original Signed by CHARLES GHOLSON Union Texas Petroleum Corporation TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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

## VI. CERTIFICATE OF COMPLIANCE

Vice - President	***
6/10/82	

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 pleted wells.