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	D STRIBUTION		И	EW MEXICO
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	FILE	15		
	U.S.G.S.		AUTHORI	ZATION T
	LAND OFFICE	 	{	
	TRANSPORTER GAS	/		
	OPERATOR	/		
1.	PROBATION OFFICE		<u> </u>	
	SUPRON ENLE	KIY CO	RPORATION	
	P. O. Box		araington,	Net Mex
	Reo . 1(s, for filling (Check p	roper box,		
	New Yest		•	ansporter of:
	Recompletion i		Oil	<u> </u>
	Change in Ownership		Casinghead (Gas
	If change of ownership give and address of previous ow			
II.	DESCRIPTION OF WEL	L AND	LEASE	
	Lease Name		Well No. Po	ol Name, Irc
	State Com		1 1	ានន
	Locat			
	Unit i et G	; <u>191'</u>	Feet From 7	The Nort
	Line of Section 16	Tov	vnship 28N	Ras
	Name of Authorized Transport That Case Name of Authorized Transport Scattlinern Union	rter of Cas	singhead Gas 📋 ring Compan	
	If we'll produces oil or liquid		Unit Sec.	
	give location of tanks.	s,	Unit Sec.	Twp.
V.			th that from any o	other lease
V.	give location of tanks. If this production is commi COMPLETION DATA	ngled wit	th that from any o	other lease
V.	give location of tanks. If this production is commi COMPLETION DATA Designate Type of C	ngled wit	th that from any o	other lease of Well Gard
V.	give location of tanks. If this production is commit COMPLETION DATA Designate Type of C Date Spudded	ngled wif	th that from any on - (X)	Twp.
V.	give location of tanks. If this production is commi COMPLETION DATA Designate Type of C Date Spudded Elevations (DF, RKS, RT, G	ngled wif	th that from any con (X)	well Gar
V .	give location of tanks. If this production is commit COMPLETION DATA Designate Type of C Date Spudded	ngled wif	th that from any on - (X)	Twp.
V.	give location of tanks. If this production is commi COMPLETION DATA Designate Type of C Date Spudded Elevations (DF, RKS, RT, G	ngled wit	th that from any con (X) Date Compl. Rea	Twp. other lease of the lease
v .	give location of tanks. If this production is commi COMPLETION DATA Designate Type of C Date Spudded Elevations (DF, RKS, RT, G	ngled wit	th that from any on — (X) Date Compl. Rea Nome of Productr	well Garage with the second se
V.	give location of tanks. If this production is commit COMPLETION DATA Designate Type of Committee Compared to the Compared Comp	ngled wit	th that from any on — (X) Date Compl. Rea Nome of Productr	well Garage with the second se
v .	give location of tanks. If this production is commit COMPLETION DATA Designate Type of Committee Compared to the Compared Comp	ngled wit	th that from any on — (X) Date Compl. Rea Nome of Productr	well Garage of the Production of Formation
	give location of tanks. If this production is commit COMPLETION DATA Designate Type of Control of	ngled win	TUE CASING &	Twp. Well Gar Wy to Prod. RING, CASIL TUBING SI
	give location of tanks. If this production is commit COMPLETION DATA Designate Type of Content of	ngled win	TUE CASING &	Twp. Well Gas Well Gas Ity to Prod. RING, CASIN TUBING SI
	give location of tanks. If this production is commit COMPLETION DATA Designate Type of Control of	ngled win	TUE CASING &	Twp. Other lease of the lease

OIL CONSERVATION COMMISSION

Form C-104

SARTA FE / REGUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-146 Effective 1-1-65	
	- AND NSPORT OIL AND NATURAL GA	S	
LAND OFFICE			
TRANSPORTER GAS /			
OPERATOR /			
PROBATION OFFICE Operator			
SUPRON ENERGY CORPORATION			
Address	N. 1.04		
P. O. Box 308, Farmington, Net Mexico 8 Red 163, for filling (Check proper box)	87401 Other (Flease explain)		
New Year Change in Transporter of:	, ;		
Recompletion Oil Dry Gas Chauding Cwnership Casinghead Gas Conden	Attented or	Operator	
/ Canada	Canada Ca		
If change of ownership give name and ordress of previous owner			
DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Fo	l con a contract	Lease No.	
State Com 1 Basin Dal	iota	Statie 13-588-2	
Unit i et G ; 1917 Feet From The North Line	e and 1776 Feet From Th	• Last	
AC TOWN AND COST PROPER	OU , NMPM, Sax	Juan County	
Line of Section 16 Township 281 Range	OW , NMPM, Sax	<u>County</u>	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA	S Address (Give address to which approved	d copy of this form is to be sent!	
Plateau			
Name of Authorized Transporter of Casinghead Gas or Dry Gas 27	Address Give address to which approved 1st International Bldg.	d copy of this form is to be sent) Dallas. Texas 75270	
doubhern Union Gathering Company Unit Sec. Twp. Pige.	is gus actually behnevied McCramhen	1 1000000	
If well produces all ar Hquids, give location of tanks.			
If this production is commingled with that from any other lease or pool.	give commangling order number:		
	New Well Workover Deepen	Plug Back Same Rest. Diff. Restv.	
Designate Type of Completion — (X)	<u> </u>	D.D.T.D.	
Date Spudded Date Compl. Ready to Prod.	Total Depth	F.B.T.D.	
Electrical DF, RK5, RT, GR, etc., Name of Producing Formation	Top Off/Gas Pay	Tubing Depth	
Per aktio is		Depth Casing Shoe	
Her ardio is			
100 mg - 100	CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be as	fter recovery of total volume of load oil an	id must be equal to or exceed top allow-	
OIL WEIL Date First New Cil Bun To Tanks Date of Test	psh or be for full 24 hours; Producing Method (Flow, pump, gas lift,		
Teel IC end Cu ann io . ann an . an . an . an . an . an . an			
Langic of Teat Tubing Pressure	Casing Pressure	Chake Size	
Actual Prod. During Test Oil-Bils.	Water-Bhis.	Gas - MCF	
Action 7 con Daving Con		;	
GAS WELL Acrost Prior Test-MCF/D Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
		Choke Size	
Testing Method (pitos, back pr.) Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke 3120	
CERTIFICATE OF COMPLIANCE	OIL CONSERVAT	TON COMMISSION	
	ABBOVED	28 19/7 , 19	
I hereby certify that the rules and regulations of the Oil Conservation Computation have been complied with and that the information given	ORIGINAL SIGNED BY M. E. MAXWELL, JR.		
above is true and complete to the best of my knowledge and belief. Original Signed By			
	TITLE PETROLLUM F		
Rudy D. Motto	This form is to be filed in co	this for a newly drilled or deepened	
Rendy D. Motto (Signature)	well, this form must be accompanied tests taken on the well in accord	ed by a tabulation of the deviation	
Area Superintendent	All excessors of this form must	t be filled out completely for allow-	
(Title)	able on new and recompleted well	is. iii and VI for changes of owner,	
TXN June 27, 1977 (Date)	well name or number, or transporte	t, or other such change of conditions	
	Separate Forms C-104 must	be filed for each pool in multiply	