	SUPRON ENERGY CORPORAS					
	PRORATION OFFICE					
	OPERATOR					
	THAMSPORTER	GA5	1			
i	13××SFORTER	OIL	1			
	LAND OFFICE					
	U.\$ 5.5.					
-	FILE		/	4		
	SANTA FE		1			
	DISTRIBUTION					
	NO. OF COPIES REC	E I V E D	15			

š.	DISTRIBUTION SANTA FE FILE U.S. G.S. LAND OFFICE TRANSFORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-210 Effective 1-1-65 AS				
٠,	Operator SUPRON ENERGY CORPORA	TION						
	A: drass							
	P. O. BOX 808, Farmington, New Mexico 87401 Read of Check proper box) Other (Please explain)							
	New Yell	Change in Transporter of:	Change in name	of Operator				
	Reposition Change to Ownership	Oil Dry Ga: Casinghead Gas Conden	s					
		- Land	Marked j					
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND I	EASE						
	Navajo "C"	Well No Feel Name, Including Fo		Lease No. 1-149-IND.8469				
	Locat							
	Unit 1 165	O Feet From The South Lin	e and 990 Feet From T	he West				
	Line of Section 31 Tow	nship 27N Range	8W , NMPM,	San Juan County				
***	DESIGNATION OF TRANSPORT	TER OF OU AND NATURAL GA	S					
111.	Name of Authorized Transporter of Cil .		Address (Give address to which approv	ed copy of this form is to be sent)				
	Plateau, Inc.	inghead Gas or Dry Gas	Farmington, N.Mex. Address (Give address to which approv	ed copy of this form is to be sent)				
	El Paso Natural Gas C	ompany	P. O. Box 990, Farmi					
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n.				
	If this production is commingled with that from any other lease or pool, give commingling order number:							
JV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Levations (DF, RKE, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Terforations		A STATE OF THE STA	Depth Casing Shoe				
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TOBING SIZE						
\mathbf{V} .	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-				
	OIL WELL Date Fire New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)/				
	Lengtr of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	OII-Bbls.	Water - Bbls.	Gas-MCF				
			1					
	GAS WELL Actual Frod, Test-MCF/D	Length of Test	Bbls. Candensate/MMCF	Gravity of Condensate				
	Autual Prod. 1 eet - MCr/D	Length of leat	Butter Geriadata Lay italia					
	esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
16/#	CERTIFICATE OF COMPLIANCE	ır.	OIL CONSERVA	TION COMMISSION				
¥ 1.	t askeby 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 Rudy D. Motto		JIIN 97 577					
			A C C ROVED	GNED BY N. E. MAXWELL JR				
			TITLE					
	INO		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.					
	Rudy D. Motto (Signa	ture)						
	Area Super							
	June 25, 1	•	Titl and only Continue I II	tit and VI for changes of owner,				
	(Da	te)	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.