NO. OF COPIES RECI	CIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	ĺ	
OPERATOR			

	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C - 104		
ļ	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65		
	FILE	_	AND			
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
		AND OFFICE .				
	TRANSPORTER GAS	-{				
	OPERATOR	- †				
	PROPATION OFFICE					
1.	Operator					
	SUPRON ENERGY CORPORATION					
Ì	d fress					
	P.O. Box 808, Farmington, New Mexico 87401					
	Tecson(s) for filing (Check proper box) Other (Please explain)					
	New Well X	Change in Transporter of: Oil Dry Gas				
	Recompletion	Casinghead Gas Conden	77			
1	Change in Ownership	Cashighead Gab				
	If change of ownership give name					
	and address of previous owner					
Ħ.	DESCRIPTION OF WELL AND	LEASE				
•••	Lease Name	Well No. Pool Name, Including Fo	i i	Scace Bilgi		
	State Com "A"	2-E Blanco Mesaver	rde State, Fed	eral or Fee E9053; B11017-35		
	Location			No at		
	Unit Letter E ; 15	55 Feet From The North Line	e and <u>1120</u> Feet Fro	om The West		
	16	20 North David	9 West , NMPM, Sai	n Juan County		
	Line of Section 16 To	wnship 28 North Range	y west , innem,	553/		
1: PT	DECICE ATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
EE.	Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)					
	P.O. Box 108, Farmington, New Mexico 8/401			gton, New Mexico 87401		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved First International But		Building - Dallas, Texas			
	Gas Company of New Mexico Attention: Mr. R.J. McCrary			McCrary		
	If well produces oil or liquids,					
	give location of tanks. E 16 28N 19W NO					
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completic	$\operatorname{con} = (X)$ XX	XX			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12-28-80	3-6-81	6860	6846		
:	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tuking Depth		
	6011 R.K.B.	Mesaverde	4214	No Tubing Depth Casing Shoe		
	Perforations 6860					
	4214 - 4793	TURING CASING AND	CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	8-5/8", 24.00#	282	250		
	12-1/4" 7-7/8"	4-1/2", 10.50#	6860	1375 (3 stages)		
	/=//8"	7 1/2 7 10001				
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of total and must be equal to or exceed top allowable for this depth or be for full 24 hours					
••	OIL WELL	able joi mia de	Producing Method (Flow, pump)	bift_etc.)		
	Date First New Oil Run To Tanks	Date of Test		40 1981		
	· · · · · · · · · · · · · · · · · · ·	Tubing Pressure	Casing Pressure	Chake Size		
	Length of Test		\ \$1	97. 2		
	Actual Pred. During Test	Oil-Bbls.	Water-Bils.	Gas - MOF		
				The state of the s		
1						
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Froc. Test-MCF/D	Length of Test	Bots. Condensate vivine			
	1363	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Testing Method (pitot, back pr.)	I depind Five and Connection	941	3/4"		
ĺ	Back Pressure	OF.		VATION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE	ll in in in	<u>′ 1 1 1981 , 19</u>		
	g g	regulations of the Oil Conservation				
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 Signal by FRAMK T. CHAVEZ			
			TITLE SUPERVISOR FROM 1 PAYER			
		1.1 All	TITLE			
		V 11 - 1/1/1.	This form is to be filed	in compliance with RULE 1104.		
	Kenneth E. Roddy /	enneth Z. Kodsky	If this is a request for a	llowable for a newly drilled or deepened mpanied by a tabulation of the deviation		

(Signature) Production Superintendent

(Title)

March 9, 1981

(Date)

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 completed wells.