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| LAND OFFICE            |     |  |
| TRANSPORTER            | OIL |  |
|                        | GAS |  |
| OPERATOR               |     |  |
| PRORATION OFFICE       |     |  |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 a  
Effective 1-1-65

I.

|  |   |
|--|---|
| Operator<br><b>SUPRON ENERGY CORPORATION</b>                 |   |
| Address<br><b>P.O. Box 808, Farmington, New Mexico 87401</b> |   |
| Reason(s) for filing (Check proper box)                      | Other (Please explain)  |
| New Well <input checked="" type="checkbox"/>                 | Change in Transporter of:   |
| Recompletion <input type="checkbox"/>                        | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |
| Change in Ownership <input type="checkbox"/>                 | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

|                                 |                       |  |  |                           |
|---------------------------------|-----------------------|--|--|---------------------------|
| Lease Name<br><b>Angel Peak</b> | Well No.<br><b>22</b> | Pool Name, Including Formation<br><b>Bloomfield Chacra</b> | Kind of Lease<br>State, Federal or Fee <b>Fed. SF 047017-A</b> | Lease                     |
| Location                        |                       |  |  |                           |
| Unit Letter <b>M</b>            | <b>1105</b>           | Feet From The <b>South</b>                                 | Line and <b>790</b>  | Feet From The <b>West</b> |
| Line of Section <b>7</b>        | Township <b>28-N</b>  | Range <b>10-W</b>  | , NMPM, <b>San Juan</b>  |                           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |                                 |
|--|--|---------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |                                 |
| 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) |                                 |
| <b>Southern Union Gathering Company</b>  | <b>First International Bldg. - Dallas, Texas</b>                         |                                 |
| If well produces oil or liquids, give location of tanks.   | Unit   | Sec.                            |
|  | Twp.   | Ege.                            |
|  |  | Is gas actually connected? When |

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

IV. COMPLETION DATA

|  |  |                                |                                  |          |        |           |             |          |
|--|--|--------------------------------|----------------------------------|----------|--------|-----------|-------------|----------|
| Designate Type of Completion - (X)                           | Oil Well                                     | Gas Well                       | New Well                         | Workover | Deepen | Plug Back | Same Res'v. | Diff. R. |
|  |  | <b>XX</b>                      | <b>XX</b>                        |          |        |           |             |          |
| Date Spudded<br><b>2-21-80</b>                               | Date Compl. Ready to Prod.<br><b>5-15-80</b> | Total Depth<br><b>3122</b>     | P.B.T.D.                         |          |        |           |             |          |
| Elevations (DF, RKB, RT, GR, etc.)<br><b>5763 ft. R.K.B.</b> | Name of Producing Formation<br><b>Chacra</b> | Top Oil/Gas Pay<br><b>2875</b> | Tubing Depth<br><b>2960</b>      |          |        |           |             |          |
| Perforations<br><b>2875 - 2988</b>                           |  |                                | Depth Casing Shoe<br><b>3122</b> |          |        |           |             |          |

TUBING, CASING, AND CEMENTING RECORD

|               |                       |             |              |
|---------------|-----------------------|-------------|--------------|
| HOLE SIZE     | CASING & TUBING SIZE  | DEPTH SET   | SACKS CEMENT |
| <b>9-7/8"</b> | <b>7-5/8", 26.40#</b> | <b>202</b>  | <b>85</b>    |
| <b>6-3/4"</b> | <b>4-1/2", 9.50#</b>  | <b>3122</b> | <b>325</b>   |

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

|                                 |                 |   |
|---------------------------------|-----------------|---|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
|                                 | Tubing Pressure | Casing Pressure                               |
| Length of Test                  | Oil - Bbls.     | Water - Bbls.                                 |
| Actual Prod. During Test        |                 |   |

GAS WELL

|  |  |  |                           |
|--|--|--|---------------------------|
| Actual Prod. Test - MCF/D<br><b>1077</b>                 | Length of Test<br><b>3 hours</b>         | Bbls. Condensate/MMCF                    | Gravity of Condensate     |
| Testing Method (pilot, back pr.)<br><b>Back Pressure</b> | Tubing Pressure (Shot-in)<br><b>1052</b> | Casing Pressure (Shot-in)<br><b>1050</b> | Choke Size<br><b>3/4"</b> |

CERTIFICATE OF COMPLIANCE

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.

**Kenneth E. Roddy**  
(Signature)  
**Production Superintendent**  
(Title)  
**June 2, 1980**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUL 23 1980**, 19  
**Original Signed by FRANK T. CHAVEZ**  
BY  
TITLE **SUPERVISOR DISTRICT #3**

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate 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 own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.