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OPERATOR		17	Ī	
PRORATION OFFICE				
Operator				

	DISTRIBUTION					
	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-104		
	FILE //	REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHODIZATION TO TOA	AND ANSPORT OIL AND NATURAL G	45		
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OF AND NATURAL G	A5		
	015 /					
	TRANSPORTER GAS /					
	OPERATOR /	10 A				
	PRORATION OFFICE					
1.	Operator					
	Supron Ene	ergy Corporation				
Addres						
P.O. Box 808, Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of:	_			
	Recompletion	Oil Dry Gas	change in name	or operator		
	Change in Ownership	Casinghead Gas Conden	nsate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND I	LEASE				
	Lease Name	Well No. Pool Name, Including Fo	l l	SF		
	Angel Peak "B"	Dabili va	State, Federal	cr Fee Federal 047317B		
	Location	5 0 1	4.500	•••		
	Unit Letter K 208	5 Feet From The South Line	le and Feet From T	he West		
	0.5	0.0 27- 11	44 ** .	_		
	Line of Section 25 Tow	mship 28 North Range	11 West , NMPM, Sa	in Juan County		
			_			
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off.	rer of oil and natural ga	Address (Give address to which approv	ed copy of this form is to be sent)		
	Plateau, Inc. Name or Authorized Transporter of Cas	inghead Gas or Dry Gas 😨	Address (Give address to which approv	Parmington, New Mexico 87401  Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas (	<del></del>	P.O. Box 990, Farmingt	on, New Mexico 87401		
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
	If well produces oil or liquids, give location of tanks.	K 25 28N 11W	No			
	<u> </u>		rive compingling order number:			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give comminging order number.			
3 V .		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.		
	Designate Type of Completio	n = (X)		1 1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF. RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		!				
		! 				
		<u>.</u>	<u> </u>	1		
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 Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)		
	Lighte First New Oil Aun 10 Junks	Date of Test				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Langth C. 1981					
	Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gas-MCF		
	Actual Fiber Baring 1-50					
		<u></u>				
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
		¥				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VΙ	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION		
٠			111	6 1977		
	I hereby certify that the rules and f	egulations of the Oil Conservation	APPROVED	, 19		
	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 Rudy D. Motto Rudy D. Motto(Signature) Area Superintendent		BY DRIGINAL SIGNED BY W. MINEWELL, IR.			
			TITLEPETROLEUM ENGINEER DIST. NO. 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 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 allow-			

able 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. July 2, 1977

(Date)