NO. OF COPIES HEE	EIVED		
DISTRIBUTION			5]
SANTA FE			<u>/]</u>
FILE			}
U.S.G.S.			
LAND OFFICE			_
TRANSPORTER	OIL	$\perp \perp \prime$	_
	GAS	1	
OPERATOR			
PROBATION OFFICE			[

111.

ΙV.

DISTRIBUTION	17	NEW MEXICO OIL COMME		Supersedes Old C-104 and (
SANTA FE		REQUEST FOR ALLOWABLE Supersedes Old C-704 a Effective 1-1-65			
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.		AUTHORIZATION TO TH	CANSI OKT OIL AND INTOKK		
LAND OFFICE	+/-				
TRANSPORTER GAS	1/-				
OPERATOR	/				
PRORATION OFFICE					
Operator		501			
SUPRON ENERGY CORP	ORAT_	CON			
Addi P\$5		on. New Mexico 87401_			
P.O. Box 808, Farm	ner box	311	Other (Please explain)	1 - 6	
	,.,,	Change in Transporter of:	Transporter is	El Paso Natural Gas Co.	
New Well		OII Dry C	S_{as} X instead of South	thern Union Gathering Co.	
Recompletion		Casinghead Gas Cond	ensate		
Change in Ownership					
If change of ownership give n and address of previous owne	ame r				
DESCRIPTION OF WELL	AND I	EASE	Formation Kind of L	ease Lease N	
Lease Name	<u> </u>	"Et No. . dar.	F of matron	deral or Fee Fed. NM 055556	
Largo Federal		2 Aztec Picture	d Cliffs Edd,	100	
Location		· ·		Noat	
Unit Letter M ;_	10	55 Feet From The <u>South</u> L	ine and <u>815</u> Feet Fro	om The <u>West</u>	
Omi Com		_	O TI NMPM	San Juan Count	
Line of Section 34	Tow	nship 29 North Runge	9 West , NMPM,	San odan	
		THE AND MATURAL C	AC		
DESIGNATION OF TRANS	PORT	ER OF OIL AND NATURAL G	Address (Give address to which ap	proved copy of this form is to be sent)	
None of Authorized Transporter	61 011				
	of Cas	nghead Gas or Dry Gas X	Address (Give address to which ap	proved copy of this form is to be sent)	
	No. no. no. no. no. New Mexico 8				
El Paso Natural G	as Co	Unit Sec. Twp. P.ge.	Is gas actually connected?	When	
If well produces oil or liquids,	1		No		
give location of tanks.			give commingling order number:		
f this production is commingl	ed with	that from any other lease or pool		Plug Back Same Res'v. Diff. Res	
COMPLETION DATA			New Well Workover Deepen	plug Back Same Nes t. Dim He	
Designate Type of Com	pletion	XX = (X)	XX	P.B.T.D.	
Date Spudded		Date Compl. Ready to Prod.	Total Depth		
7-18-79	ł	9-17-79	2475	2355 Tubing Depth	
Elevations (DF, RKB, RT, CR,	ezc.j	Name of Producing Formation	Top Oll/Gas Pay		
5837 R.K.B.		Pictured Cliffs	2162	No Tubing Depth Casing Shoe	
Perforations				2387	
		The state of the s	IN CEMENTING RECORD		
	т		O CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE		CASING & TUBING SIZE	212	100	
9-7/8"		7-5/8", 26.40# 2-7/8", 6.50#	2387	175	
6-3/4"		2-7/8", θ.50π			
		DATIOWARIE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top al	
TEST DATA AND REQUES	51 P O	able for this d	lepth or be jor juli 24 hours,		
OIL WELL Date First New Oil Run To Tank	(5	Date of Test	Producing Method (Flow, pump, gas	and the second	
:			December 1	Choke Biza	
Length of Test		Tubing Pressure	Cosing Pressure	The state of the s	
			Water-Bbls.	Cos-Med	
Actual Prod. During Test		Oil-Bbls.	1.7.7	i baa il	
	l			199	
			$\bigcup D_{i,\zeta}$	ST COM.	
GAS WELL			Bbls. Condensate/MMCF	Gravity & Condensate	
Actual Prod. Test-MCF/D		Length of Test			
1750		3 hours Tubing Pressure (Shut-in)	Cosing Pressure (Sbut-in)	Choke Size	
Testing Method (pitot, back pr.)		Tablid Linesan Count zu	637	3/4"	
Back Pressure	1		OIL CONSERVATION COMMISSION		
CERTIFICATE OF COMPL	JIANC	E	JUN 4	960	
		toring of the Oil Consequetion		. 19	
hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.			Original Signed by FRANK	I. CHAVLE	
			B 1	51	
Kenneth E. Kodoly		TITLE SUPERVISOR DISTRICT	3		
Kommath E.	No.	ddlf		in compliance with RULE 1104.	
production of the	•		Inim form is to be fired	lowable for a newly drilled or deepe	

(Title)

(Date)

Kenneth E. Röddy

(Signature) Production Superintendent

June 2, 1980

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the devist tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowing 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 conditions. Separate Forms C-104 must be filed for each pool in multi-completed wells.