

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator

SUPRON ENERGY CORPORATION

Address

P.O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Zachry	28	Wildcat Gallup	State, Federal or Fee Fed. SF	080724 A
Location				
Unit Letter I	1650	Feet From The South	Line and 990	Feet From The East
Line of Section 35	Township 29 North	Range 10 West	NMPM, San Juan	County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.	P.O. Box 108, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gathering Company	First International Building - Dallas, Texas	
	Attention: Mr. R.J. McCrary	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
I	35	29N
	Twp.	Rge.
	10W	
	Is gas actually connected?	When
	No	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
XX			XX					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
11-21-81	1-1-82		6150			6108		
Elevations (DF, RAB, RT, GR, etc.,	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
5780 R.K.B.	Gallup		5523			5912		
Perforations						Depth Casing Shoe		
5523 - 6001 (32 holes)						6150		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8", 32.00#	305	275
8-3/4"	7", 23.00#	5093	650
6-1/4"	4-1/2", 10.50#	4927 - 6150	175

V. 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 allc
able 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.)	
12-31-81	12-31-81	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	120 P.S.I.G.	325 P.S.I.G.	1"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
200 MCF	65	-0-	200

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Division 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

Kenneth E. Roddy

(Signature)

Production Superintendent

(Title)

January 5, 1982

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 19 1982
Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 3

TITLE

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 deviat
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allo
able 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 conditio

Separate Forms C-104 must be filed for each pool in multi,