NO. OF COPIES REC	5		
DISTRIBUTIO			
SANTA FE			
FILE		,	
U.S.G.S.			
LAND OFFICE	-		
TRANSPORTER	OIL		
I WARST ON TER	GAS	1	
OPERATOR			
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST	FOR ALLOWAB	LE	Supersedes O Effective 1-1-	ld C-104 and C-11(65	
	U.S.G.S.	——————————————————————————————————————					
	LAND OFFICE			NO MATORIAL C			
	TRANSPORTER GAS 1						
	OPERATOR						
I.	PRORATION OFFICE Operator						
	SUPRON ENERGY CORPORATION						
	P. O. BOX 808, Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box)			lease explain)			
	New Well	Change in Transporter of:					
	Recompletion	Oil Dry Go		nge name of	Operator		
	Change in Ownership	Casinghead Gas Conder	nsute				
	and address of previous owner						
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.	
	Federal	1 Basin Dakota	3 .	State, Federa	or Fee Federal	SF-080635	
	Location		-				
	Unit Letter <u>X</u> ; <u>1100</u>	Feet From The South Lin	ne and1180	Feet From 7	The West		
	Line of Section 18 Tow	nship 30 Range	12¥ ,1	NMРМ, San	Juan	County	
III.	DESIGNATION OF TRANSPORT		AS		ved copy of this form is		
	Name of Authorized Transporter of Oil	or Condensate				to be sent)	
	Plateau, Inc. Name of Authorized Transporter of Cas.	inghead Gas or Dry Gas	Address (Give add	Farmington, New Mexico Address Give address to which approved copy of this form is to be sent)			
	Southern Uniin Gatheria		1st Intern	stringl Ridg	, Dallas, Texas 75270		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually co	nnected?			
	If this production is commingled with	h that from any other lease or pool,	give commingling	order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Work	over Deepen	Plug Back Same Re	s'v. Diff. Res'v.	
	Designate Type of Completion		1		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 Oil/Gas Pay		Tubing Depth		
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AND CASING & TUBING SIZE	1	TH SET	SACKS CEMENT		
	HOLE SIZE	CASING & 10BING SIZE					
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)						
	OII. WELL Date First New Oil Run To Tanks	Date of Test		(Flow, pump, gas li		101	
			Casing Pressure		Chok Sha		
	Length of Test	Tubing Pressure	Cdsing Pressure		c 1911		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas MCF JUL COM. COM.		
	OIL CONT. 3						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate,	MMCF	Gravity of Condensat		
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size		
	. esting Method (pitot, buck pr.)	Tubing From the Country of the Count					
VI.	CERTIFICATE OF COMPLIANC	RTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and re	egulations of the Oil Conservation	APPROVED				
	Commission have been complied wabove is true and complete to the	ORIGINAL SIGNED BY N. E. MAXWELL, JR. FETEDLESS ANGINEER DIST. 30. 3 TITLE This form is to be filed in compliance with RULE 1104.					
	Origin						
	Rudy						
			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				
	Rudy D. Motto (Signa	ture)	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	<u>Area Superintendent</u>	!e)					
	·	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					
	July 5, Dan						
			completed well				

• .