HO. OF COPIES REC	EIVED	13	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS	\prod	
OPERATOR		2	

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	HO. OF COPIES RECEIVED							,
	DISTRIBUTION	N.E.	W MEVICO OU C					
	SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE				Orm C-104	1610
	FILE	REQUEST FOR ALLOWABLE AND				Effective 1-1-6	d C-104 and C-1.	
	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA			CAS				
	LAND OFFICE				AND HATOKAL	0A3		
	TRANSPORTER OIL							
	OPERATOR 2							
	PROESTION OFFICE							
I.	Opera:							
	Supron Energy Corporation							
	P. O. Box 808.	Farmington,	New Mexico					
	Reason(s) for filing (Check proper bo	Change in Tran	enorter of	Other	(Please explain)			
	Recompletion	Oil	Dry Ga	s 🗀	Change na	me of (moretar	
	Change in Ownership	Casinghead Gas		=		**** **	Lar moor	
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND		Name, Including Fo		124-3-61			7
	Triag	1 1	Blanco Mesa		Kind of Leas State, Federa	_	ed. SF	Lease No. 080876
	Location		Dianco Mess	ASLUS				500070
	Unit Letter N ; 95	O Feet From The	South Line	e and 185	Feet From	The W	lact	
					r cet i fom	. ne		
	Line of Section 25 To	ownship 31N	Range	9W	, NMPM,	San Jua	n	County
***	DESIGNATION OF TRANSPOR	TED OF OUR AND	NAME OF THE OWNER O	_				
	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ci				iddress to which appro	ved copy of	this form is to	be sent)
	1 1					.,		,
	Name of Authorized Transporter of Ca	asinghead Gas 🖸 🛚 or	Dry Gas 🎎	Address (Give a	address to which appro	ved copy of	this form is to	be sent)
	Southern Union Gathe	ering Company		1st Inter	national Bldg	., MIX	MAX Dal	las, Tex.
	If well produces oil or liquids,	Unit Sec.	Twp. P.ge.	Attn: tuak.	comec Mourary Wh	en		75270
	give location of tanks.							
117	If this production is commingled wi	ith that from any othe	er lease or pool,	give comminglin	ng order number:			
3 V .	COMPLETION DATA	Oil Wel	l Gas Well	New Well Wo	rkover Deepen	Plug Back	Same Res	v. Diff. Res'v.
	Designate Type of Completi	on $-(X)$			3 !] !	1	1
	Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.		
	F							
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing F	ormetion	Top Oil/Gas Pa	У	Tubing De	epth	
	Perforations			Depth C			Casing Shoe	
							•	
		TUBIN	G, CASING, AND	CEMENTING R	RECORD	<u></u>		
	HOLE SIZE	CASING & TU	IBING SIZE	DEPTH SET		SACKS CEMENT		
i						-		
						 		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE	Test must be aft	er recovery of tot	tal volume of load oil	and must be	equal to area	ceel sen allows
٠.	OIL WELL			th or be for full 2	24 hours)			
-	Date First New Cil Run To Tanks	Date of Test		Producing Metho	d (Flow, pump, gas li)	t, etc.)		
ĺ	Length of Test	Tubing Pressure		Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Choke Siz		a landari
		,					JUL	7 1977
1.	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.		Gas-MCF	OIL COI	
ĺ							Dis	T. 3
r	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Dula Co. 1	- 0.0 (0.0)	To: ::		
	Acted Fied (##1 - MCF/D	Tendru of Test		Bbls. Condensat	e/ MMCF	Gravity of	Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure	(Shut-in)	Choke Size	•	
i	• • • • • • • • • • • • • • • • • • • •		•	•	•			
/I. ·	CERTIFICATE OF COMPLIANO	CE			OIL CONSERVA	TION CO	MMISSION	
	t 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.			III 6 1077				
			AFFROVED					
				By Original Signed by A. R. Kendrick				
				SUPERVISOR DIST 43				
	Original Signed By	11166	· · · · · · · · · · · · · · · · · · ·					
	Rudy D. Motto				n is to be filed in c a request for allow			
-	Rudy D. Motto (Signature)			well, this for	m must be accompar	nied by a to	abulation of	the deviation
				tests taken of	n the well in accord	sance with	RULE 111.	

Motto	
Hudy D. Motto	(Signature)
Area Superintendent	(Title)
	July 6, 1977
	(Date)

All sections of this form must be filled out completely for allowable 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.