NO. OF COPIES RECEIVED							
DISTRIBUTION		NEW MEXICO OIL CO	NISESVATION COM	********	_		
SANTA FE /			OR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110	
FILE /		K L QUL 31 T	ON ALLOWABLE		Effective 1-1		
U.S.G.S.	ALITHO	DRIZATION TO TRAN		NIFTHDAL CAS	!		
LAND OFFICE	1 70111	DRIZATION TO TRAI	SHOKE OIL AND	WATORAL GAS	•		
TRANSPORTER GAS I							
OPERATOR /							
PROPATION OFFICE	+						
Operator					<del></del>	<del></del>	
Suprem See	rgy Corporati	OC					
P. C. Box	08, Farmingt	on, New Mexico	37401	V. 10			
Reason(s) for filing (Check prope		•	Other (Plea	se explain)			
New Well		n Transporter of:		,			
Recompletion	Cil	Dry Gas	TA Chi	unge Mane of	Operator		
Change in Ownership	Casinghe	ad Gas Condens	ate	-	•		
If change of ownership give na and address of previous owner  II. DESCRIPTION OF WELL A	AND LEASE						
Lease Name	Well No.	Pool Name, Including For		Kind of Lease State, Federal or	Fee Factors.	3F078911	
Location				<del> </del>			
Unit Letter;	Feet Fro	om The South Line	and 850	Feet From The	No. 1		
Line of Section 19	Township 🤰 🖁	orta Range වි	Mest NMF	м. Эш Л		County	
Eine of Section	(Ownship get	. Todaye	,				
III. DESIGNATION OF TRANS	PORTER OF OIL	Condensate	Address (Give addres	s to which approved	copy of this form is	to be sent)	
Name of Authorized Transporter Southern Union			Anten Givendre Tower Balls	Palles, Ter		be sent)	
If well produces oil or liquids, give location of tanks.	Unit Sec	Twp. Age.	Is gas actually conne	cted? When			
If this production is comminging IV. COMPLETION DATA	ed with that from a	ny other lease or pool, g	give commingling ord	ler number:		<del></del>	
Designate Type of Comp		Oil Well   Gas Well	New Well Workove	Deepen P	lug Back   Same R	estv. Diff. Restv.	
Date Spudded	Date Compl.	Ready to Prod.	Tota, Depth	F	P.B.T.D.		
F) (OF PKD PR 60	22	- In a Soundton	Top DII/Gas Pay		ubing Depth		
Elevations (JF, KKB, KI, GK, e	Elevations (OF, RKB, RT, GR, etc.) Name of Producing Formation		. op 31./ Gds Pdy				
Perforations					epth Casing Shoe		
		TUBING, CASING, AND					
HOLE SIZE	CASING	3 & TUBING SIZE	DEPTH	SET	SACKS CE	MENI	
V. TEST DATA AND REQUES	ST FOR ALLOWA		ter recovery of total vo		must be equal to o	r exceed top allow	
OIL WELL Date First New Oil Run To Tank	cs Date of Test		Producing Method (Fl		etc.)		
						<u> </u>	
Length of Test	Tubing Press	шө	Casing Pressure		Choke Size		
Actual Prod During Test	Oil-Bbis.		Water-Bbls.		JUL		
Agency on the second se					TOIL CO		
GAS WELL					01	S · ·	
Actual Prod. Test-MCF/D	Length of Te	a:	Bbls. Condensate/MM	ACF C	Gravity of Condensa	to	
Testing Method (pitot, back pr.)	Tubing Press	we(Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size	-	
VI. CERTIFICATE OF COMPI	LIANCE		OIL	CONSERVAT	ON COMMISSI	ON	
				JU		19	
I hereby certify that the rules Commission have been compl	tied with and that	the information given	APPROVED	ORIGINAL SIGNED	BY N. E. MAXWE	•	
above is true and complete to the best of my knowledge and belief.			TITLE				
011	iginal Signed By					··	
Ku	an D War		mh: fa !a	to be filled in con	nnliance with Pu	LE 1104.	

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area superinted softwe

July 2, 1977 (Title)

(Date)

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 allowable on new and recompleted wells.

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.