NOT OF COPIES RECEIVED			1			
DISTRIBUTION						
SANTA FE		1				
FILE		1	_			
U.S.G.S.						
LAND OFFICE						
IRANSPORTER	OIL	1				
	GAS	1				
OPERATOR		1/1				
PROBATION OFFICE						

	SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION				Form C-104		
	FILE	REQUEST FOR ALLOWABLE				Supersedes Old C-104 and C-11 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO		JO NATUDAL C	2.4.5			
	LAND OFFICE	AUTHORIZATION TO	TRANSFORT OIL AF	ID NATURAL (	3A3			
	TRANSPORTER OIL /							
	GAS 4							
	OPERATOR /							
I.	PRORATION OFFICE							
	Operator Research Con							
	Supron Energy Con	rporation						
		armington, New Mexico	87401					
	Reason(s) for filing (Check proper bo			lease explain)	<del></del>			
	New Well	Change in Transporter of:		,				
	Recompletion	Oil Di	y Gas C	hange name	of Operator	r		
	Change in Ownership	Casinghead Gas Co	ondensate			•		
	Mahara of americal size some							
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL ANI	Well No. Pool Name, Includi	ng Formation	Kind of Lease	e		Lease No.	
	Quinn		iesaverde	State, Federa	lor Fee <b>Fed</b>		773511	
	Location	3 320000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>	. • • • •	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	73311	
	M 96	90 Feet From The South	Line and1650	Feet From	The Wes	Ł		
	Unit Letter ; 7	Feet From The	Line and	reet rom	Ine		-	
	Line of Section 172: T	Township 31% Range	<b>8</b> 7 , N	мрм, За	n Juan		County	
III.	DESIGNATION OF TRANSPO			17.1		L		
	Name of Authorized Transporter of Oll or Condensate			Address (Give address to which approved co			: sent)	
	Platean, Inc. Name of Authorized Transporter of C	Casinghead Gas or Dry Gas 🛣		ess to which approx	ued conv of this f	orm is to be	sent)	
			1st Intern	ational Bld	g., Dallas	Texas	75270	
	Southern Union Ga	Unit Sec. Twp. Rge	. Is gas actually con	nected? Who	en			
	If well produces oil or liquids, give location of tanks.			į				
	If this production is commingled v	with that from any other lease or p	ool, give commingling of	order number:				
IV.	COMPLETION DATA							
	Designate Type of Complet	tion - (X)	New Well Worko	ver Deepen	Plug Back So	me Res'v.	Diff. Restv.	
			Tabl Darkh		P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.1.D.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		<del></del>	
	Lievations (DI , ICRB, ICI , GR, etc.)	,	1 - 2 7					
	Perforations				Depth Casing S	hoe		
		TUBING, CASING,	AND CEMENTING REC	CORD	<del></del> -			
	HOLE SIZE	CASING & TUBING SIZE	DEPT	H SET	SACH	SCEMEN	<u>T</u>	
					<del> </del>			
					+	<del></del>		
			be after recovery of total				ad top allow	
V.	TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (lest must able for the	se after recovery of total is depth or be for full 24 h	hours)	and must be equa	TO OF EXCE	ea top attoa	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (	Flow, pump, gas li	ft, etc.)		N. A.	
							<u> </u>	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size		\	
					GOB-MORUL	7197	1	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.		Gal-weight	on co	M.	
					<del></del>	DIST. 3	<del></del>	
	CAC WELL				1	7121.		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/	MMCF	Gravity of Con	ionacto	<u> </u>	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (	Shut-in)	Choke Size			
					<u> </u>			
VI.	CERTIFICATE OF COMPLIA	NCE	01	IL CONSERVA				
	I hereby certify that the rules and regulations of the Oil Conservation			JUL	L7 1977	<i>'</i>		
			tion APPROVED_	ORIGINAL SIGNED BY N. E. MAXWELL, JR.				
	Commission have been complied	I with and that the information gi the best of my knowledge and bel	ven	CHICAMAL SIGNED	DI N. L. MAA			
		y	11	<b>द्वामागर</b> कर सर	TW THE THEMO	The earl	<b>ምን ።</b>	
	Original Signed By		TITLE					
	Rudy D. Motto	This form	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened					
			II	must be accompa	inied by a tabul	ation of th	or deepene ne deviation	
	Endy D. Notto (Si		ll tests taken on	the well in accou	rdance with RU	LE III.		
	Area Superintende	Title)	All section	s of this form mu	ast be filled out	completel	y for allow	
	Jul	able on new an	d recompleted w	· · ·		6		

(Date)

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.