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| DISTRIBUTION | | 15 | |
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| SANTA FE | | 1 | |
| FILE | | 1 | |
| U.S.G.5. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | 1 | |
| | GAS | 1 | |
| OPERATOR | | 1 | |
| PRORATION OFFICE | | | |

| | DISTRIBUTION | REQUEST FOR ALLOWABLE S | | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | | |
|---|---|------------------------------------|---|--|--|--|
| 1. | Operator Supron Energy Cor Address | | | | | |
| | Reason(s) for filing (Check proper box) New We!1 Recompletion Change in Ownership | | | of Operator | | |
| | If change of ownership give name and address of previous owner | | | | | |
| H. | DESCRIPTION OF WELL AND Lease Name Jacques Location Unit Letter 3 ; 102 | Well No. Pool Name, Including Fo | | eral of Fee REC ST 078510 | | |
| | | mship 318 Range | SV , NMPM, | San Juan County | | |
| III. | Name of Authorized Transporter of Oil Plateau, Inc. Name of Authorized Transporter of Cas Southern Union Gathe If well produces oil or liquids, give location of tanks. | or Condensate A | Address (Give address to which app | fored copy of this form is to be sent) | | |
| | If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded | Oil Well Gas Well | give commingling order number: New Well Workover Deepen Total Depth | Plug Back Same Res'v. Diff. Res'v. | | |
| | Elevations (DF, RKB, RT, GR, etc.) Perforations | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth Depth Casing Shoe | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| V. | TEST DATA AND REQUEST F | OR ALLOWABLE (Test must be a | fter recovery of total volume of load of pth or be for full 24 hours) | oil and must be equal to or exceed top allow- | | |
| | OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas | lift, etc.) | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Chok Size | | |
| | Actual Prod. During Test | Oil-Bbis. | Water - Bbls. | OIL CON. COM | | |
| | GAS WELL Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | |
| | Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | ORIGINAL SIGNED BY N. E. MIRAVYELL, JR. | | | |
| | Original Signed By Rudy D. Motio | s nest of my knowledge and nester. | TITLE PETROLEUM ENGINEER DIST. NO. 2 This form is to be filed in compliance with Rule 1104. | | | |
| Rudy D. Motto (Signature) Area Superintendent (Title) July 6, 1977 (Date) | | | If this is a request for allowable for a newly difficult of the deviation 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. 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. | | | |

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.