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	GAS		
OPERATOR		11	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-1.0 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS API 30-045-22997 PRORATION OFFICE SUPRON ENERGY CORPORATION 87401 Box 808 Farmington, New Mexico P.O. Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Dry Gas Recompletion Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner_ II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation State, Federal or Fee Federal SF078506 Blanco Mesaverde 2-R Hunsaker Location 1750 Feet From The East 1140 Feet From The North Line and Unit Letter 31 North Range 9 West , NMPM, San Juan County 26 Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X P.O. Box 108 Farmington, NM 87401 Plateau Incorporated Address (Give address to which approved copy of this form is to be sent)
Attention: Mr. R.J. McCrary
First International Bldg., Dallas, Texas Name of Authorized Transporter of Casinghead Gas or Dry Gas X Southern Union Gathering Company When Upon installation of pipeline facility Unit Is gas actually connected? Sec. If well produces oil or liquids, 26 | 31N | 9W No give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v. Diff. Res'v. Ggs Well New Well Workover Deepen Designate Type of Completion - (X) X P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded 7694 12-5-78 7856 5-18-78 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 5668 Blanco Mesaverde 6411 Gr. Depth Casing Shoe Perforations 7724 5472' to 5812' w/39 shots and 5119' w/18 shots - all size 0.42 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 250 275 10-3/4" 13-3/8" 3557**'** 667 7-5/8" 9-7/8" 7724' 375 5-1/2" 6-3/4" V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Cosing Pressure Tubing Pressure Length of Test Gas+MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test -0--0-3 hours 5171 Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) 3/4" 494 515 Back Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE <u>1121 13</u> 310 APPROVED. 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 A. R. Rendrick BY_ 3014897 TITLE _ This form is to be filed in compliance with RULE 1104. 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. sell1 (Signature) Area Superintendent

(Title)

(Date)

November 5, 1978

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.