

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
SUPRON ENERGY CORPORATION

Address
P.O. Box 808, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Quinn	Well No. 7-A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Fed. SF	Lease No. 078511
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Location
Unit Letter **P**; **905** Feet From The **South** Line and **905** Feet From The **East**

Line of Section **17** Township **31 North** Range **8 West**, NMPM, **San Juan** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	P.O. Box 108, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gathering Company	First International Bldg. - Dallas, Texas Attention: Mr. R.J. McCrary
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit P Sec. 17 Twp. 31N Rge. 8W	No -----

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 6-13-80	Date Compl. Ready to Prod. 11-14-80	Total Depth 8100	P.B.T.D. 8050					
Elevations (DF, RKB, RT, GR, etc.) 6555 R.K.B.	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 5379	Tubing Depth 5838					
Perforations 5379 - 5851	Depth Casing Shoe 8085							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	10-3/4", 32.75#	274	200
9-7/8"	7-5/8", 26.40#	3740	350
6-3/4"	5-1/2", 15.50#	3585 - 8085	475
	2-1/16" IJ, 3.25#	5838	

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas MCF

GAS WELL

Actual Prod. Test-MCF/D 1400	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 597	Casing Pressure (shut-in) 597	Choke Size 3/4"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Kenneth E. Roddy *Kenneth E. Roddy*
(Signature)

Production Superintendent
(Title)

November 18, 1980
(Date)

OIL CONSERVATION DIVISION
OCT 5 1980

APPROVED _____, 19____

BY **Original Signed by FRANK T. CHAVEZ**

TITLE **SUPERVISOR DISTRICT # 3**

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.

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.