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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

30-045-23681

Operator Supron Energy Corporation	
Address P. O. Box 808, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Sanchez	Well No. 4	Pool Name, Including Formation Aztec Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM06738
Location				
Unit Letter M	955	Feet From The South	Line and 820	Feet From The West
Line of Section 35	Township 30N	Range 10W	NMPM, San Juan County	

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
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 Co.	First International Building, Dallas, Texas Attn: Mr. R.J. McGrary					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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

VI. 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 1/16/80	Date Compl. Ready to Prod. 4/3/80		Total Depth 2750		P.B.T.D. 2732			
Elevations (DF, RKB, RT, GR, etc., 6097 R.K.B.	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 2560		Tubing Depth No tubing was run Depth Casing Shoe			
Perforations 2560-2613								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-7/8"	7-5/8", 26.40#, K-55		206		120			
6-3/4"	2-7/8", E.U.E., 6.50#		2742		225			
No tubing was run								

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)

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 949	Length of Test 3 hours	Bbls. Condensate/MMCF	Choke or Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 709	Choke Size 3/4"

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.

Kenneth E. Roddy *Kenneth E. Roddy*
(Signature)
Production Superintendent
(Title)
April 9, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 22 1980, 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.