	NO. OF COPIES REC	EIVED	C	- the same		
	DISTRIBUTION	7				
	SANTA FE	· · · · · · · · · · · · · · · · · · ·	1			
	FILE		1 ' 1			
	U.S.G.S.		<del>                                     </del>	$\neg \uparrow$	A	UTF
	LAND OFFICE		1		^	OH
	TRANSPORTER	OIL GAS	† <del>  </del>			
	OPERATOR	1 3,13		7		
	PRODATION OF	FICE	7			
I.	Operatur		1			
	Supr	on En	ergy	r Co	rpor	ati
	Address					
	P. 0	. Box	808	3, I	'armi	ngt
	Reason(s) for filing					
	New Well				Ch	ange
	Recompletion				Oi	1
	Change in Ownershi	p_			Ca	singh
II.	DESCRIPTION O	F WEL	L A	ND L	EASE	
11.	DESCRIPTION O	F WEL	L A	ND L		ell No
II.	Lease Name	F WEL	L A	ND L		
II.	Lease Name Sexton	D D		790	We	
11.	Lease Name  Sexton  Location				F	1 No
	Sexton Location Unit Letter	D 3 OF TRA	NSP	790 Town	Faship  ER OI	1 eet F
	Lease Name  Sexton  Location  Unit Letter  Line of Section  DESIGNATION O	D 3 DF TRA Transpo	NSP of the result of the resul	Towr	Finship  ER OI  Inghead  Ing C	eet F  Gas  Gas
	Lease Name  Sexton  Location  Unit Letter  Line of Section  DESIGNATION O  Name of Authorized	D 3 OF TRA Transpo Transpo Inion or liquid	NSPorter of	Towr	Finiship  ER OI	eet F  3  F OI  or
III.	Lease Name  Sexton  Location  Unit Letter  Line of Section  DESIGNATION O  Name of Authorized  Name of Authorized  Southern U  If well produces oil	D  Transpo  Transpo  Inion  or liquid  ks.	NSPORTER OF	Town ORT On	Finship  ER OI  Inghead  Ing C	1  Gas Somp
III.	Lease Name  Sexton  Location  Unit Letter  Line of Section  DESIGNATION O  Name of Authorized  Southern U  If well produces oil give location of tank  If this production i	D 3 DF TRA Transpo Transpo Inion or liquid ks. s commi	NSPorter of Gatl	Town ORT On Casi	Finship  ER OI  Inghead  Ing C  Unit	1  Gas  Somp
III.	Lease Name  Sexton  Location  Unit Letter  Line of Section  DESIGNATION O  Name of Authorized  Name of Authorized  Southern U  If well produces oil give location of tank  If this production i  COMPLETION D	D 3 DF TRA Transpo Transpo Inion or liquid ks. s commi	NSPorter of Gatl	Town ORT On Casi	Finship  ER OI  Inghead  Ing C  Unit	Gas Somp

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110					
	U.S.G.S.		AND	Effective 1-1-65					
	LAND OFFICE	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS					
	I RANSPORTER OIL								
	GAS /								
_	PRODATION OFFICE								
1.	Operator								
	Supron Energy Corporation								
	Address  D. O. Daw 2009 Formington, Nov. Marries, 277/01								
	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 Ga	s Change name o	of Operator					
	Change in Ownership	Casinghead Gas Conder	nsate						
	If change of ownership give name								
	and address of previous owner								
II.	DESCRIPTION OF WELL AND	LEASE	ormation Kind of Lea	ise ! egse No.					
		A A D. I. J. C. P. C. State Federal of Fee MCVVV P.							
	Location	Sexton Azoec ricoured office							
	Unit Letter D ; 790	Feet From The North Lin	e and 980 Feet From	n The West					
	Line of Section 3 Tow	mship 30N Range 1	1 <b>1W</b> , NMPM,	San Juan County					
	Line of Section 7 10v	Mainp Juliange I runge	, INVIEWA	weeks County					
III.	DESIGNATION OF TRANSPORT		is in the second	1					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)					
	Southern Union Gather		1st International Bld Attn. R. J. McCrary Is gas actually connected?						
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen					
	give location of tanks.	1 1 1 5 5	rive commingling order number:						
IV.	If this production is commingled with COMPLETION DATA								
	Designate Type of Completic	$\operatorname{Oil} \operatorname{Well}  \left\{ \operatorname{Gas} \operatorname{Well} \right\}$	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
	Bate Spaads								
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations			Depth Casing Shoe					
	Perforations								
		TUBING, CASING, AND	CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
				<u> </u>					
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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 Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)					
		Tubing Pressure	Casing Pressure	Choke Size					
	Length of Test	Tubing Freeze	<b>,</b>						
	Actual Pred. During Test	Cil-Bbis.	Water-Bbls.	Gas - MCF					
Ì									
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
			Columbia (a)	Choke Size					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coming Pressure (Shut-in)	Choke 3124					
<b>1</b> 679	CERTIFICATE OF COMPLIAN	T.	OIL CONSERV	ATION COMMISSION					
¥ 8.	CERTIFICATE OF COMPERANCE		JU	VATION COMMISSION					
	I hereby certify that the sules and i	ertify that the rules and regulations of the Oil Conservation		APPROVED, 19					
	Commission have been complied vabove is true and complete to the	vith and that the information given best of my knowledge and belief.	TITLE  This form is to be filed in compliance with RULE 1104.						
	Original Signed By								
	Rudy D. Motto		se at the annual for all	owable for a newly drilled or deepened					
	Rudy D. Motto (Signa	nture)	well, this form must be accome tests taken on the well in accome	nenied by a tabulation of the deviation					
	Area Superintendent		All sections of this form	must be filled out completely for allow-					
	(Ti	•	able on new and recompleted	wells. If the and VI for changes of owner,					
	July 1	1, 1977	well name or number, or transp	orter, or other such change of conditions					
	, , , ,		Separate Forms C-104 m	ust be filed for each pool in multiply					
			Company of Paris, or white or						