

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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 <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"/>

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

DESCRIPTION OF WELL AND LEASE	
Lease Name <u>Quinn</u>	Well No. <u>4-A</u>
Pool Name, Including Formation <u>Blanco Mesaverde</u>	
Kind of Lease State, Federal or Fee <u>Fed. S.F.</u>	
Lease No. <u>078511</u>	
Location	
Unit Letter <u>I</u> ; <u>1600</u> Feet From The <u>South</u> Line and <u>945</u> Feet From The <u>East</u>	
Line of Section <u>19</u> Township <u>31 North</u> Range <u>8 West</u> , NMPM, <u>San Juan</u> 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)
<u>Plateau, Inc.</u>	<u>P.O. Box 108, Farmington, New Mexico</u>
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)
<u>Southern Union Gathering Company</u>	<u>First International Building - Dallas, Texas</u> <u>Attention: Mr. R.J. McCrary</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	<u>I 19 31N 8W</u>
Is gas actually connected?	When
<u>No</u>	<u>-----</u>

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.
	<u>XX</u> <u>XX</u>
Date Spudded <u>7-1-80</u>	Date Compl. Ready to Prod. <u>12-12-80</u>
Total Depth <u>8045</u>	P.B.T.D. <u>7997</u>
Elevations (DF, RKB, RT, GR, etc.) <u>6484 R.K.B.</u>	Name of Producing Formation <u>Mesaverde</u>
Top Oil/Gas Pay <u>5232</u>	Tubing Depth <u>5664</u>
Perforations <u>5232 - 5735</u>	Depth Casing Shoe <u>8011</u>

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13-3/4"</u>	<u>10-3/4", 32.75#</u>	<u>306</u>	<u>250</u>
<u>9-7/8"</u>	<u>7-5/8", 26.40#</u>	<u>3626</u>	<u>350</u>
<u>6-3/4"</u>	<u>5-1/2", 15.50#</u>	<u>3495 - 8011</u>	<u>500</u>

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 <u>1120</u>	Length of Test <u>3 hours</u>
Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>594</u>
Casing Pressure (Shut-in) <u>594</u>	Choke Size <u>3/4"</u>

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
(Signature)
Production Superintendent
(Title)
December 23, 1980
(Date)

OIL CONSERVATION DIVISION

JAN 1 1981

APPROVED _____, 19____

Original Signed by FRANK T. CHAVEZ

BY _____
SUPERVISOR DISTRICT # 3

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.

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 filled for each pool in multiply-completed wells.