NO. OF COPIES REC	EIVED	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.	<u>i                                    </u>		
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
BROBATION OF			

III.

IV.

DISTRIBUTION		NEW MEXICO OIL C	ONSERVATION COMMI	SSION	Form C-104	
SANTA FE			FOR ALLOWABLE		Supersedes Old C-104 and Effective 1-1-65	C-11
FILE			AND		2	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				-
LAND OFFICE		•				
TRANSPORTER GAS						
OPERATOR						
PRORATION OFFICE					<u> </u>	
Operator						į
SUPRON ENERGY C	ORPOR	ATION				
Address	'a mmi n	aton. New Mexico 87401				
P.O. BOX 808, F. Reason(s) for filing (Check pro	oper box)	9 2011 / 11011 11011	Other (Please	explain)		
New Well		Change in Transporter of:				
Recompletion		Oil Dry Ga	s 📋			
Change in Ownership		Casinghead Gas Conden	isate			
If change of ownership give	name					
and address of previous own	er					
necontration of West	AND	FACE				
DESCRIPTION OF WELL Lease Name	י אשט ו	Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease	No.
City of Farming	rton	2-E Basin Dakota		State, Federal or Fee	Fed. SF 07821	3
Location			·			
Unit Letter D;	92	O Feet From The North Line	e and <u>855</u>	Feet From The	West	
· · · · · · · · · · · · · · · · · · ·			3.2 E7==± 20000	Con Tuon	Cou	ntv
Line of Section 35	Tow	mship 30 North Range	13 West , NMPM,	San Juan	Con	,
DESCRIPTION OF TRAN	'cBOB3	TER OF OIL AND NATURAL GA	S			
Name of Authorized Transport	er of Oil	or Condensate X	Address (Give address to	which approved copy	of this form is to be sent)	
Plateau. Inc.			P.O. Box 108,	Farmington, N	lew Mexico 87401	:
Name of Authorized Transport	er of Cas	inghead Gas or Dry Gas 🔀	First Internat	ionai Bullain	of this form is to be sent) ig - Dallas, Texa	ıs
Southern Union	Gathe		Attention: Mr	. R.J. McCrar	<u>y</u>	
If well produces cil or liquida	•	Unit Sec. Twp. P.ge.	Is gas actually connecte	, when		
give location of tanks.		D 35 30-N 13-W	No No			
If this production is commin	gled wit	h that from any other lease or pool,	give commingling order	number:		
COMPLETION DATA		Oil Well Gas Well	New Well Workover	Deepen Pag	arek Same Res'v. Diff. R	(es'v.
Designate Type of Co	mpletio	1 2121	<u>  xx                                  </u>	1		<del></del>
Date Spudded		Date Compl. Ready to Prod.	Total Depth	€		1
11-21-80		3-3-81	6470 Top Oil/Gas Pay	The same	6423 Deput 1981	
Elevations (DF, RKB, RT, GR	R, etc.	Name of Producing Formation	6238	3 1	00198COM	
5724 R.K.B.		Dakota	6236	Depth	JIST. 3°	
Perforations					6470	
6238 - 6354		TUBING, CASING, AND	CEMENTING RECOR			
HOLE SIZE		CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT	
12-1/4"		8-5/8", 24.00#	345		275	
7-7/8"		4-1/2", 10.50#	6470		900 (3 stages	; /
		2-3/8" E.U.E, 4.70#	6298			
				e of load oil and must	t be equal to or exceed top	allow
TEST DATA AND REQU	EST FO	OR ALLOWABLE (Test must be a) able for this de	pth or be for full 24 hours			
OIL WELL  Date First New Oil Run To To	anks	Date of Test	Producing Method (Flow	pump, gas lift, etc.)		
		·				
Length of Test		Tubing Pressure	Casing Pressure	Choke	, Size	
			Water - Bbls.	Gq# - 1	MCF	
Actual Prod. During Test		Oil-Bbis.	Wdter- DDIE.			
			<u> </u>			
CAC WELL						
Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCI	Gravit	ty of Condensate	
1962		3 hours				
Testing Method (pitot, back p	r.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-			
Back pressure		1637	1638	3,	COMMISSION	
CERTIFICATE OF COM	PLIAN	CE	i i	ONSERVATION		
				IAR 4 1981		
I hereby certify that the rules and regulations of the Oil Conservation Original Signed by FRANK T. CHAVEZ			T. CHAVEZ			
Commission have been cor above is true and complete	e to the	best of my knowledge and belief.	BY	ZOPEKAIZOK DIZIKKA	1 <del>1</del> 7	
		Δ	TITLE			
		Kunett E. Kolde	E 7	he filed in complia	ance with RULE 1104.	

## VI.

	Kenneth E. Roddy Minnell	E. Koldy
-	(Signature)	
	Production Superintendent	/
	(Title)	
	March 4, 1981	
_	(0)	

(Date)

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. H. 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.