

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

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FILE			
U.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION 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)

New Well ☒

Recompletion

Change in Ownership ☐

Change in Transporter of:

Cii

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

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

I. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE			Kind of Lease	Lease No.
Lease Name <i>City of Farmington</i>	Well No. <i>1-E</i>	Pool Name, Including Formation <i>Basin Dakota</i>	State, Federal or Fee <i>Fed. SF</i>	<i>078213</i>
Location				
Unit Letter <u><i>I</i></u> ; <u><i>1120</i></u> Feet From The <u><i>South</i></u> Line and <u><i>1685</i></u> Feet From The <u><i>East</i></u>				
Line of Section <u><i>35</i></u> Township <u><i>30 North</i></u> Range <u><i>13 West</i></u> , NMPM, <u><i>San Juan</i></u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					P.O. Box 108, Farmington, New Mexico 87401	
Plateau, Inc.						
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 Building - Dallas, Texas	
					Attention: Mr. R.J. McCrary	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	35	30N	13W	No	
Order number:						

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

V. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
			XX	XX					
Date Spudded 9-7-81	Date Compl. Ready to Prod. 12-30-81			Total Depth 6340			P.B.T.D. 6327		
Elevations (DF, RKB, RT, GR, etc., 5581 R.K.B.	Name of Producing Formation Dakota			Top Oil/Gas Pay 6112			Tubing Depth 6240		
Perforations 6112 - 6308 (18 holes)							Depth Casing Shoe 6340		

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00#	295	275
7-7/8"	4-1/2", 10.50#	6340	1100 (3 stages)
	2-3/8", EUE, 4.70#	6240	

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)

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

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OIL CON. COM.

GAS WELL

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
2995	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	1545	1500	3/4"

OIL CONSERVATION DIVISION

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

December 31, 1981

OIL CONSERVATION DIVISION
JAN 6 1982
APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

TITLE _____ SUPERVISOR DISTRICT # 3

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 multi-