| NO. OF COPIES RECEIVED | 1 | | |
|--|--|--|--|
| DISTRIBUTION | NEW MEXICO OIL CO | ONSERVATION CONTROLL | _ |
| 1 | | ONSERVATION COMMISSION FOR ALLOWINGE | Form C-104 Supersedes Old C-104 and C- |
| TILE | | AND | Effective 1-1-65 |
| U.9.G.S. | AUTHORIZATION TO TRA | NSPORT OF AND NATURAL | GAS |
| LAND OFFICE | 1 | | |
| RANSPORTER CA | | | |
| 0.000 | · | | |
| PRORATION OFFICE | : | | |
| Operator | | | |
| Supron Energy Corpore | tion | | |
| Addres | | | |
| | gton, New Mexico 87401 | | |
| Reason. I filing (Check proper box | Change in Transporter of: | 'Cther (Please explain) | |
| Recompletion | OI. Dry Gar | S TY: Change Nome of | e Commenter |
| Change in Ownership: | Casinghead Gas Conden | Olicitise Norme C | or operator |
| | , , , , , , , , , , , , , , , , , , , | | |
| If change of ownership give name and address of previous owner | | | |
| DESCRIPTION OF WELL AND | Well No Pool Name, Including Fo | | ase Lease No |
| Taliaferro | 4 Basin Dakota | | sF078244 |
| Location M 790 | Sout i. | 700 | |
| Unit Letter : | Feet From TheLine | e andFeet From | n The East Zero & |
| 29 | vnship 31 North Range 12 | West NME M San Jus | am. |
| Line of Section Tov | vnship J ROI WI Range 12 | , NMF.M, DOM THE | County |
| . DESIGNATION OF TRANSPORT | TER OF OUL AND NATURAL GA | S | |
| Name of Authorized Transporter of 211 | or Condensate | Address /Give address to which app | roved copy of this form is to be sent) |
| Plateau, Inc. | | Farmington, New Mexi | |
| Name of Authorized Transporter of Cas | - | | racing gopy of this form is to be sent) |
| Southern Union Gathe | | | : Mr. R. J. McCrary |
| if well produces oil or liquids, | Cunit Sec. Twp. Rge. | [Is gas actually connected? Y | When |
| give location of tanks. | · · · · · · · · · · · · · · · · · · · | 1 | |
| | th that from any other lease or pool, | give commingling order number: | |
| COMPLETION DATA | CH Well Gas Well | New Well Wirkover Deepen | Plug Back Same Resty, Diff, Rest |
| Designate Type of Completic | $\operatorname{de} = (X)$ | | · • |
| Cate Spudden | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| | | | |
| Elevations (DE, REB, RT, OF, etc.) | Name of Producing Furmation | Top Oil, Gas Pay | Tubing Depth |
| | | | Depth Casing Shoe |
| Serforution: | | | Sept Cdaring Shoe |
| | TUBING, CASING, AND | CEMENTING RECORD | |
| FOLESIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 372 372 | 3.13.13.33.13.13.13.13.13.13.13.13.13.13 | | |
| | | | |
| | | | |
| | | 1 | |
| . TEST DATA AND REQUEST F | | | il and must be equal to or exceed top all |
| Cate Aller New Col Bur To Tanks | able for this de | pth or be for full 24 hours) Producing Method Flow, pump, gas | lift, etc.) |
| 0216 7 1.50 (6W 222 MAT 19 2 2049 | | - 1 100 dottid motivod i tromb benebi succ | |
| i langto or That | Tubing Pressure | Casing Pressure | Choke Size |
| 4 | | | |
| Actual Prod. During Test | Od-Bbis. | Water-Bols. | Gan-MCF 30 |
| | <u>: </u> | | 1 Oll man |
| | | | |
| GAS WELL | | Bbls. Condens ne/MMCF | Gravity of Condensate |
| Autual Prod. Test-MCF/D | _angth of Tear | - Dole: Condens Ney MMCr | Gravity of Condensate |
| Testing wethod (pitot, back Fr., | Sping Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| The state of the s | | | |
| CERTIFICATE OF COMPLIAN | CE | OIL CONSER | VATION COMMISSION |
| . S. C.M. TIL SI COMPLIAN | · · · | | |
|) hereby certify that the rules and | regulations of the Oil Conservation | APPROVED | JL 19 |
| it requires here complied with and that the information | | BY Damard T.E.III | M ENGINEER DIST. NO. 3 |
| rouve is true and complete to the best of my knowledge and belie | | 11 | |
| Original Signed By | | TITLE | |
| Rudy D. Motto | | This form is to be filed i | n compliance with RULE 1104. |
| Pude D Motto | | If this is a request for all | lowable for a newly drilled or deeper spanied by a tabulation of the deviat |
| Area Superintendent | | well, this form must be accome tests taken on the well in accome | cordance with RULE 111. |
| - | | III | be filled out completely for all |

July 5, 1977

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.