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SANTA FE		1		
FILE		1	1	
U.S.G.S.		<u> </u>		
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL	\coprod		
	GAS	1		
OPERATOR				
PRORATION OFFICE				

July6, 1977

(Date)

-	SANTA FE /	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
-	U.S.G.S.		AND ISPORT OIL AND NATURAL GA	s			
-	LAND OFFICE	ACTIONIZATION TO THAN	ion on a one made and more on	-			
	IRANSPORTER OIL						
	GAS 1						
-	OPERATOR						
1.	PRORATION OFFICE Operator						
	Sup ren En	ergy Corporation					
Ī	P. O. Box 808, Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Freuse explain)				
	New Well Recompletion	Oil Dry Gas	Change Name of	Operator			
	Change in Ownership	Casinghead Gas Condens	=				
l	change in Switchist						
	If change of ownership give name						
•	and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE Well Mo. Pool Name, Including For	rmatio: Kind of Lease	Lease No.			
Ì	Senter Federal	1 Basin Dakota		Fee Federal SF 078464			
		Daban Dakota					
	B 1020	Feet From The North Line	and 1810 Feet From Th	East			
	Unit rester;	Feet From theLine					
	Line of Section 26 Tov	vnship31 North Range 13	West , NMPM, San Juan	County			
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which approve	d copy of this form is to be sent)			
	Name of Authorized Transporter of Oil	or Condensate 🔀		ngton, New Mexico 87401			
	Plateau, Inc.	singhead Gas or Dry Gas	Addres I Gistadinternational	change of this form is to be sent)			
	Name of Authorized Transporter of Cas		Dalles Tevas-Attv	n: Mr. R. J. McGrary			
	Southern Union Gat	Unit Sec. Twp. Rge.	Is gas actually connected? When				
	If well produces oil or liquids, give location of tanks.						
	·	that from any other lease or pool.	give commingling order number:				
ıv	If this production is commingled win COMPLETION DATA	this production is commingled with that from any other lease or pool, give commingling order number:					
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
			Total Depth	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
	Lievations (Dr., RAB, R1, GA, etc.)						
	Perforations			Depth Casing Shoe			
			CEMENTING RECORD	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
		1	1				
٠.	MEGER PATA AND REQUEST F	OR ALLOWARIE (Test must be a	fter recovery of total volume of load oil o	ind must be equal to or exceed top allow			
V	OIL WELL	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to ar exceed top allow able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	, 6,6,7			
		The Design of the Control of the Con	Casing Pressure	Choke Size			
	Length of Test	Tubing Pressure		r			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
	Actual Prod. Duling						
	l			•			
	GAS WELL			Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
			Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Crowd Liesane faces and				
				TION COMMISSION			
VI	. CERTIFICATE OF COMPLIAN	CICATE OF COMPLIANCE		11 7 1977			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information give above is true and complete to the best of my knowledge and belief			APPROVED JUL 7 19//				
		COICINAL SIGNED BY N. E. MIANTELLY					
		ne best of my knowledge and belief.	BYFETROLE	WEST MEAR DIST, NO. 8			
	Original Signed By Rudy D. Motta		TITLE				
			This form is to be filed in compliance with RULE 1104.				
	D. MOTO		If this is a request for allow	vable for a newly drilled or deepens injed by a tabulation of the deviation			
Rudy D. Motto (Signature)			well, this form must be accompanied by a tabulation of the				
	Area Superintendent		All meetions of this form my	ist be filled out completely for allow			
(Title)			shie on new and recompleted w	W44 W1			

able 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.

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