110

	DISTRIBUTION ANTA FE TILE		CONSERVATION COMMISSION FOR ALLOWABLE	ON Form C-104 Supersedes Old C-104 and C- Effective 1-1-65	
	IRANSPORTER OIL / GAS /	AUTHORIZATION TO TI	AND RANSPORT OIL AND NAT		
1.	' 				
	SUPRON ENERGY CORPORATION				
	P.O. Box 808, Farmington, New Mexico 87401				
	Reason(s) for filing (Check proper New Well		Other (Please expli	,	
	Recompletion Change in Ownership	Oil Dry (Gas	compressor on line 6-1-79.	
	If change of ownership give name		densate		
	and address of previous owner_				
II.	DESCRIPTION OF WELL AN	Well No. Pool Name, Including	Formation Kind	of Lease No.	
	Payne Location	3 Blanco Mesas	verde State	, Federal or Fee Federal SF 08051	
		1680 Feet From The North L	ine and <u>1620</u> Fee	et From The <u>East</u>	
	Line of Section 20	Township 32 North Range	10 West , NMPM,	San Juan County	
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS		
	Name of Authorized Transporter of Plateau, Inc.	Oil or Condensate 🛣	Address (Give address to which	ch approved copy of this form is to be sent)	
	Name of Authorized Transporter of		Address (Give address to which	mington, New Mexico 87401 The approved copy of this form is to be sent) al Bldg., Dallas, Texas	
	Southern Union Gathering Co. Unit Sec. Twp. Rge.		Attention: Mr. R.J. McCrary Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.	G 20 32N 10W	Yes	When	
	If this production is commingled to COMPLETION DATA	with that from any other lease or pool,	, give commingling order numb	er:	
	Designate Type of Comple	tion - (X) Oil Well Gas Well	New Well Workover Dee	!	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	SEE PREVIOUS REPORTS Elevations (DF, RKB, RT, GR, etc.,	I	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
}	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
-	SEE PREVIOUS REPORTS				
-					
V. ′	TEST DATA AND REQUEST		ifter recovery of total volume of lo	oad oil and must be equal to or exceed top allow-	
	OIL WELL 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 lift, etc.)				
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
_					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	God - MCF	
٠-	GAS WELL				
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
<u> </u>	CERTIFICATE OF COMPLIAN	NCE	OII CONS	ERVATION COMMISSION	
				ERVATION COMMISSION	
C	Commission have been complied	regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	APPROVED Original Signal N. Mendrick 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		
-	Nove is time and complete to th	Jobs. Of any knowledge and benefit			
	,	V 4- /M			
_	Kenneth E. Roddy	enneth E. Karly			
_	Production Superinten	· /	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
	(T	itle)	able on new and recomplet	ed wells.	

September 4, 1979

(Date)

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.