чġ					
	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEWEMENIE NEO OIL C	CONSERVATION COMMISSION	Form C-104	
	SANTA FE	RECEIVED REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	SAS	
		0, C, D.			
	TRANSPORTER OIL GAS	ARTES'A CARTY			
	OPERATOR		tor effective January 1,	1985	
	PRORATION OFFICE		5.		
	Operator				
		Petroleum Corporation			
	Address (000 N Di-	0	1		
		Spring, Suite 500, Midl			
	Reason(s) for filing (Check proper box,		Other (Please explain)		
		Change in Transporter of:			
	Change in XNAMENKAX	Recompletion Oil Dry Gas Uperator Operator Casinghead Gas Condensate			
	Change In Alexandra			J	
	If change of dwnstanip give name	Florida Exploration C	Company, Ste. 300, Clay I	Desta Tower East.	
	and address of previous owner. Operator			and, TX 79705	
11	DESCRIPTION OF WELL AND				
	Lease Name	Well No. Pool Name, Including Fo			
	Barbara Federal	1 W. Gama Ridg	e-Bone Springs State, Federal	^{1 or Fee} Federal NM 15346	
	Location				
	Unit Letter I; <u>1980</u>	Feet From The South Lin	e and <u>990</u> Feet From 7	The East	
	Line of Section 6 Tow	mship 22S Range 3	4Е , ММРМ, Lea	County	
Ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv		
		X or Condensate			
	Southern Union Refinin		Address (Give address to which approx		
	Name of Authorized Transporter of Cas	inghead Gas 🔂 👘 or Dry Gas 🔂	Address (Give address to which approv	sea copy of this form is to be sent?	
			Is gas actually connected? Whe	an .	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas definitly connected i		
	give location of tanks.		<u> </u>		
		h that from any other lease or pool,	give commingling order number:		
18.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Restv.	
	Designate Type of Completio	n = (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	-				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load old (opth or be for full 24 hours)	and must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	ft, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
		1			
	GAS WELL		······································	<u>+</u>	
	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	
		·		J	
VI.	CERTIFICATE OF COMPLIANCE				
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		MAR 1 8 1985		
			APPROVED, 19		
			BYORIGINAL ST	PART OF MERTON	
			DISTRICT A REPRESENCE		
	Ma BAIK				
	CM/M/ IL/			compliance with RULE 1104.	
(William With again		If this is a request for allow	vable for a newly drilled or deepened nied by a tabulation of the deviation	
	Signa (Signa		tests taken on the well in accor	dance with RULE 111.	
	Regulatory Compliance Coordinator		All sections of this form mu	at be filled out completely for allow-	
	(Title)		able on new and recompleted we	-110.	
	March 8, 1985		Fill out only Sections I, I well name or number, or transport	I. III, and VI for changes of owner, ien or other such change of condition.	
	(Da	te)	Separate Forms C-104 must	t be filed for each pool in multiply	
			completed wells.	-	

ACHVED MAR 18 1985

STATE OF NEW MEXICO	•~ 、	41 Mar.	form C-104 Revised 10-1-70
GY AND MINERALS DEPARTMENT		TION DIVISION	
(1131 MIRUT 104	ף, ס, ווס) SANTA FC, NEW		
PANTA PU	5////// 4////		
U.S.U.S.	REQUEST FOR	ALLOWABLE	
TRANSPORTER DAS	AN AUTHORIZATION TO TRANSP		
PRONATION OFFICE			
Cherolof	ORATION COMPANY		
44/4000		70703	
_	, Ste. 102, Midland, Texas	5 79703 Other (Please explain)	
Reason(s) for filing (Check proper box New Well	Change in Transporter of:		tion of an inactive well.
Recompletion	OII X Dry Gos	E I	•r •%
Change in Ownership	Casingheod Gas Condeni		S MUST NOT be
If change of ownership give name and address of previous owner		GASINGHEAD GA FLARED AFTER UNLESS AN EXC	EPTION TO R-4078
	1 CAT	IS OBTAINED.	
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Lease State, Federa	
Barbara Federal	1 W. Grama Ridge	- Bone Springs	rederal jun-15540
Location I 198	O Feet From The South Line	and 990 Feet From "	The East
Unit Letter;		4 East , NMPM,	Lea County
Line of Section 6 T	mahip 22 South Range 34	4 East , Imrm,	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ved copy of this form is to be sent)
None of Authorized Transporter of Cli			ilene Texas 79604
Pride Pipeline Compa	singhead Gas or Dry Gas	P. O. Box 2436 Address (Give address to which appro	ved copy of this form is to be sent)
		Is gas actually connected? Wh	en
If well produces oil or liquida, give location of tanks.	Unit Sec. 1wp. Age. I 6 22S 34E	1	
If this production is commingled wi	th that from any other lease or pool, i	give commingling order number	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Completion		Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	EASING & TUBING SIZE		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be of	iser recovery of socal volume of load oil psh or be for full 24 hours)	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	i Date of Test	Producing Method (Flow, pump. gas l	iji, etc.)
Dote First New Dir Run 10 Julius			Choie Size
Length of Test	Tubing Plessure	Casing Pressure	
Actual Prod. During Test	Oil-Bhla.	Water-Bbls.	Gas + MCF
GAS WELL Actual Prod. Tool-MCF/D	Length of Test	Bbla. Condensule/MMCF	Grovity of Condenente
	Tubing Presswe (Shut-18)	Casing Pressue (Sbut-10)	Chote Size
Tealing Method (pirol, back pr.)			
CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	7 100 <i>1</i>
	convictions of the Oil Conservation		
	regulations of the Oil Conservation h and that the information given a best of my knowledge and belief.	BYOil & Gos	
above is true and complete to th	the best of my knowledge and belief.	Oil & Gos	AL OF MALINE
1	7.	in the second in	compliance with BULE 1104.
< two M	Nanlas	If this is a request for allowable for a newly infinite the deviation	
(5.0)	(niwe)		
Agent	ule)	All sections of this form must be filled out completery in other	
8-22-84		Till out only Sections I.	11. 111. and VI for theorem of condition
(1	Jule)	Separate Luma C-104 m	at to filed for each pool in multip
		The second end weller	

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AUG 2 3 1984 0.0.5. Hobos office

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	NU OF COPIES RECEIVED			
	DISTRIBUTION			
	SANTA FE		EST FOR ALLOWABLE	Form C-104
	FILE		AND	Supersedes Old C-104 and C. Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO	TRANSPORT OIL AND NATUR	
	LAND OFFICE		TRANSPORT UIL AND NATUR	AL GAS
	IRANSPORTER OIL			
	GAS GAS			
	PRORATION OFFICE			
	Operator			
	FLORIDA EXPLO	RATION COMPANY		
		IG SHITE OOD MIDLAND	TV 70701	
	Reason(s) for filing (Check proper	IG, SUITE 900, MIDLAND,		
	New Well	Change in Transporter of:	Other (Please explain) Charge of Own	anabin ta
	Recompletion			ing Company successor to
	Change in Ownership X		ndensate Supron Energy	Corporation
	If change of ownership give name	Supron Energy Corporat		
•	and address of previous owner		101, F. U. Box 808, Far	mington, New Mexico 87401
п.	DESCRIPTION OF WELL AN			
	BARBARA FEDERAL	Well No. Pool Name, Including 1 WEST GAMA RI		Ledae No.
ł	Location	I WEST GAMA RI	DGE-BONE SPRINGS State, Fea	deral or Fee FED NM 15346
	Unit Letter I ; 19	80 Feet From The SOUTH	Upe and 990	
	E.			om TheEAST
L	Line of Section 6 T	ownship 22 SOUTH Range	34 EAST , NMPM, L	EA County
III. I	ESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL	GAS	
Γ	Name of Authorized Transporter of C	il or Condensate		proved copy of this form is to be sent)
Ļ	SOUTHERN UNION REI		BOX 980, HOBBS, NM 8	8240
Ï	Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which app	proved copy of this form is to be sent)
H		Unit Sec. Twp. F.ge.		
	if well produces oil or liquids, give location of tanks.	I 6 22S 34E	Is gas actually connected?	When
11	this production is commingled w	ith that from any other lease or pool		
יע. ב	OMPLETION DATA			
	Designate Type of Completi	on - (X) Oil Well Gas Well XX	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.		
	11 23 73	10 5 74	Total Depth	P.B.T.D.
E	levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	15156 Top 011/Gas Pay	10439
	3613 GR	BONE SPRINGS	10362	Tubing Depth
F	erforations		10302	Depth Casing Shoe
	10362-10395 (24 s			12297
			D CEMENTING RECORD	
\vdash	HOLE SIZE	CASING & TUBING SIZE	DEPTRET	SACKS CEMENT
	9-1/2	7-5/8	4800	1550
		1-570	12297	535
V74	ST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load of	i and must be equal to or exceed top allow-
01	L WELL ite First New Oil Run To Tanks	able for this d	epin of be jor juli 24 hours)	
			Producing Method (Flow, pump, gas)	ift, etc.)
L.	ngth of Test	Tubing Pressure	Casing Pressure	Choke Size
	;			
A .	tual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
I				
GA	GAS WELL			
٨٥	tual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			-	
1.6	sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
	RTIFICATE OF COMPLIANC	E		
		~	11	
Ihe	reby certify that the rules and re	gulations of the Oil Conservation	APPROVED MAY 21 1982	
Lon	Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief. (Signature) DIVISION ENGINEER		ORIGINAL SIGNED BY	
			JERRY SEXTON	
			TITLE DISCRCT 1 SUPP	
			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 tests taken on the well in accordance with RULE 111.	
_				
	(Title	,	All sections of this form mu	at be filled out completely for allow-
•	MAY 18, 1982		able on new and recompleted we Fill out only Sections I. II	. III. and VI for changes of owner.
	(Date	/	well name or number, or transport	er, or other such change of condition.
			Separate Forms C-104 must completed wells.	be filed for each pool in multiply

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NO. OF COPIES RECEIVED		CONSERVATION COMMISSION	Form C -104		
FILE U.S.G.S.		T FOR ALLOWABLE AND	Supersedes Old C-104 and C- Effective 1-1-65		
LAND OFFICE		RANSPORT OIL AND NATURAL	GAS		
TRANSPORTER GAS GAS					
I. PRORATION OFFICE			Correction		
SUPRON ENERGY CORPO	RATION				
Bldg V, Fifth Floor	, 10300 N. Central Expwy				
New Well	(eason(s) for filing (Check proper box) Other (Please explain)				
Recompletion		Gas [
Change in Ownership					
If change of ownership give name and address of previous owner					
I. DESCRIPTION OF WELL ANI) LEASE				
Lease Name Barbara Federal	Well No. Fool Name, Including	Formation Kind of Lease dge-Bone Springs State, Federa	Leuse		
Location			Federal (NM-1534		
Unit Letter <u>I</u> ; <u>1</u>	980 Feet From The South L	ine and <u>990</u> Feet From 7	The East		
Line of Section 6 T	ownship 22 South Range	34 East , NMPM,	Lea County		
I. DESIGNATION OF TRANSPOI	RTER OF OIL AND NATURAL G	45			
Name of Authorized Transporter of O	11 XX or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)		
Southern Union Refin: Name of Authorized Transporter of C		P.O. Box 980, Hobbs, No Address (Give address to which approv	ew Mexico 88240		
		Address forbe address to which approt	ed copy of this form is to be sent)		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n		
	give location of tarks. I 6 22S 34E If this production is commingled with that from any other lease or pool, give commingling order number:				
· COMPLETION DATA					
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res		
Date Spudd e d	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	Perforations		Depth Casing Shoe		
HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE	D CEMENTING RECORD			
			SACKS CEMENT		
			· · · · · · · · · · · · · · · · · · ·		
• TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this d	after recovery of total volume of load oil a epth or be for full 24 hours)	nd must be equal to or exceed top allo		
Date First New Cil Run To Tanks			Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Costing Freesane	Choke Size		
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF		
GAS WELL 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		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION		
Commission have been complied v	nereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		BY Brig. Signed By Jerry Sexton		
above is true and complete to the					
			TITLE Dist 1 Supr		
Dan R Caller Dan R. Collier		This form is to be filed in co	-		
	(Signature)		ble for a newly drilled or deepened ied by a tabulation of the deviation		
Operations As		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.			
		well name or number, or transporter	n or other such change of condition		
(Title) January 6, 1982 (Date)					

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	NO. OF COPIES RECEIVED	7			
	DISTRIBUTION			_	
	SANTA FE		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11	
	FILE		AND	Effective 1-1-65	
	U.S.G.S.		ANSPORT OIL AND NATURAL GA	24	
	LAND OFFICE				
	IRANSPORTER OIL				
	GAS				
	OPERATOR			-	
I.	PRORATION OFFICE				
	Operator	A T C N			
	SUPRON ENERGY CORPOR	ATION	=		
	Address	ADDOD N. Contral Even			
		10300 N. Central Expwy.			
	Reason(s) for filing (Check proper bo		Other (Please explain)		
	New Well	Change in Transporter of:			
	Change in Ownership	Casinghead Gas Conde			
	If change of ownership give name				
	and address of previous owner		· · · · · · · · · · · · · · · · · · ·		
п.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Lease	Lease No.	
	Barbara Federal			Federal NM-14004	
	Location		se bone opringe		
		200 South	000	Fact	
	Unit Letter;;	980 Feet From The South Lin	ne and990Feet From Th	e <u>East</u>	
	Line of Section 6 To	wnship 22 South Range	34 East , NMPM,	Lea County	
		whamp ZZ SOUCH Hunge	J4 Last , IMPM,	Lea County	
III	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	24		
	Name of Authorized Transporter of Oi		Address (Give address to which approve	d copy of this form is to be sent)	
	Southern Union Refining	g Company	Post Office Box 980, Hob	bs, New Mexico 88240	
	Name of Authorized Transporter of Ca		Address (Give address to which approve		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? When		
	give location of tanks.	I 6 22S 34E	1		
	If this production is commingled wi	th that from any other lease or pool	give commingling order number:		
IV.	COMPLETION DATA	ith that from any other lease or pool,	give comminging order number.		
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on = (X)			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	-	TUBING, CASING, ANI	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	······································		<u></u>		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
	OII. 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.)				
	Date First New Oil Run To Tanks		Producing Method (riow, pamp, gas top),	e.c.,	
	Les all Test	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	inptud Lieneme	Cdand Freesaw		
	Law of Dead During Treat	Oil-Bbis.	Water - Bbls.	Gas • MCF	
	Actual Prod. During Test	OII-BDIB.	Wdter - Bbie.		
i					
	CAS WELT				
I	GAS WELL 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	
ا س					
¥1.	CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION COMMISSION APPROVED		
	4		TITLE		
	Oand Cullin /Dan R. Collier		This form is to be filed in compliance with RULE 1104.		
1	Jank Cullin / Dan R. Collier		If this is a request for allowable for a newly drilled or deepened		
~	Signi	sture)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Operations Assistant		All sections of this form must be filled out completely for allow- able on new and recompleted wells.		
•	(Title)				
-	June 17, 1981		Fill out only Sections I, II, III, and VI for changes of owner,		
-	(Date)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		
			Separate Forms C-104 must b	se there for ascu boot to mutibly	

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