

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

APR 7 1982

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
 ARTESIA OFFICE

NO. OF WELLS		
DISTRIBUTION		
SANTA FE	/	
FILE	/	/
U.S.O.B.		
LAND OFFICE		
TRANSPORTER	/	
OIL		
GAS		
OPERATOR	/	
PRODUCTION OFFICE		

Operator
 Cibola Energy Corporation

Address
 P. O. Box 1668, Albuquerque, New Mexico 87103

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
 FLAMED AFTER 6-1-82
 UNLESS AN EXCEPTION TO Rule 30.6
 IS OBTAINED
 Ex # Z-607

If change of ownership give name
 and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. P. White	Well No. #2	Pool Name, Including Formation Race Track San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line of Section 18 Township 10S Range 28E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purching Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 18	Twp. 10S	Rge. 28E
				Is gas actually connected? NO

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Dist. Resrv.
XX			XX					
Date Spudded November 11, 1982	Date Compl. Ready to Prod. March 12, 1982	Total Depth 2265'		P.B.T.D. 2265'				
Elevations (DF, RKB, RT, CR, etc.) 3770.0 Gr	Name of Producing Formation San Andres	Top Oil/Gas Pay 2205'		Tubing Depth 2200'				
Perforations 2205-08', 2212-16', 2219-12', 2spf +OH 2242-2265'						Depth Casing Shoe 2242'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
10"	8 5/8"	20#	343'	150sx Class C cmt 2 ^o CaC
8"	7"	23#	2242'	60sx Class C cmt 3 ^o cacl
	2 3/8"	4.7#	2200'	--W/ 61b salt per sack.

V. 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)

Date First New Oil Run To Tanks March 12, 1982	Date of Test March 12, 1982	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 10	Oil-Bbls. 6	Water-Bbls. 4	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

C. P. ...
 (Signature)

Production Secretary
 (Title)

April 1, 1982
 (Date)

OIL CONSERVATION DIVISION

APR 8 1982

APPROVED _____ 19

BY *W. A. Gressett*
 TITLE SUPERVISOR, DISTRICT II

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 deviated 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 conditions.
 Separate Forms C-104 must be filed for each pool in multi-completed wells.

*Posted ID-2
 + Comp. Book
 NCO
 4-9-82*