

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

RECEIVED

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Cibola Energy Corporation		Well API No. 31-105-60543
Address PO Box 1668, Albuquerque, NM 87103		ARTESIA, OFFICE
Reason(s) for Filing (Check proper box)		
<input type="checkbox"/> New Well	<input type="checkbox"/> Other (Please explain)	
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Change in Transporter of:	
<input type="checkbox"/> Change in Operator	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE	
Lease Name J.P. White	Well No. 1
Pool Name, Including Formation Race Track San Andres	Kind of Lease State, Federal <input checked="" type="checkbox"/> Fee
Lease No.	
Location	
Unit Letter 0	Feet From The 660
Line and 1980	Feet From The E
Section 18	Township 10S
Range 28E	County Chaves

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil Enron Oil Trading & Transportation Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77251-1188
Name of Authorized Transporter of Casinghead Gas	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
When ?	
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Prod ID-3
			5-11-90
			dy WIPER

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 Tank	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.	Gas - MCF

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

VI. OPERATOR 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.	
Signature Martha Hensley	
Printed Name Martha Hensley, Clerk	
Date 5/2/90	Telephone No. 505/843-6762

OIL CONSERVATION DIVISION	
Date Approved MAY 9 1990	
By ORIGINAL SIGNED BY	
Title MIKE WILLIAMS	
	SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells