MD. DF COPIES REC	EIVED	<u> </u>	
DISTRIBUTION			<b>!</b>
SANTA FE			
FILE			V
U.S.G.S.			
LAND OFFICE			<u> </u>
IRANSHORTER	OIL	11	
TRANSPORTER	GAS		<u>L</u>
OPERATOR			<u> </u>
PRORATION OFFICE			İ

## NEW MEXICO OIL CONSERVATION C ISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C

	FILE U.S.G.S.	ALITHOPIZATION TO TRA	AND	UII AND N	ATIRECEN		ve 1-1-65		
	LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL VAS							
	TRANSPORTER GAS	APR 0 8 1981							
ı.	PRORATION OFFICE	O. C. D.							
1.	Cibola Energy Corporation ( formerly Coronado Exploration Corporation.)								
	Address 1005 Marquette NW Albuquerque, New Mexico 87102								
	Reason(s) for filing (Check proper box)  Other (Please explain) Change name of operators)								
	New Well	Change in Transporter of: from Coronado Exploration Corp. to  Oil Dry Gas Cibola Energy Corporation							
	Recompletion Change in Ownership	Casinghead Gas Conde	[ ] ]:	CIDOIA EN	ergy cor	poration			
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND	LEASE   Well No.   Pool Name, Including F			(ind of Lease		Lease No		
	J.P. White "D"	1 Racetrack SA	omation.		itate, Federal				
	Location								
	Unit Letter D : 66	60 Feet From The North Lin		660					
	Line of Section 20 Tow	mship 10S Range	28E	, NMPM,	Chave	s	County		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Asdrass (	Give address to	which approx	ed copy of this	form is to be sent)		
	Name of Authorized Transporter of Oil Navajo Crude Oil Purch	N. Fr	N. Freeman Ave. Artesia, NM 88210						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)								
	If well produces oil or liquids, Unit , Sec.   Twp.   P.ge.   Is gas actually connected?   When								
	give location of tanks.	D 20 10 28E	<u> </u>						
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	New Well		Deepen	T Plug Back TS	ame Resty. Diff. Res		
	Designate Type of Completio		New Mell	workever	beepen !	1	! !		
	Date Spudded	Date Compl. Ready to Prod.	Total Dept	th		P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OU/G	as Pay		Tubing Depth			
	Perforations		<u> </u>		·	Depth Casing	Shoe		
	TUBING, CASING, AND CEMENTING REÇORD								
	HOLE SIZE	CASING & TUBING SIZE	I	DEPTH SET		SACI	KS CEMENT		
			<del> </del>						
		:							
**	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a pole for this de	fer recovery	of total volume	e of load oil a	and must be equa	il to or exceed top all		
٧.	OII, WELL Date First New Oil Run To Tanks	able for this de		Method (Flow,					
	Date First New Oil Adm 10 12.22		Casing Pro			Choke Size			
	Length of Test	Tubing Pressure							
	Actual Pred. During Test	Oil-Bbla.	Water-Bbl			Gas-MCF	P= 03		
	7.17. 19								
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Cox	denscie/MMCF		Gravity of Con	densate ***		
		Tubing Pressure (Shut-in)	Cosing Pro	i-tuda) ewese	. <u>.</u>	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Freeze Control	<u> </u>			<u> </u>			
<b>CL</b> .	CERTIFICATE OF COMPLIANCE	CE CE	OIL CONSERVATION COMMISSION  JUL 1 5 1901			IISSION			
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.		egulations of the Oil Conservation	Dil Conservation APPROVED		701 10100				
		BY							
			TITLESUPERVISOR. DISTRICT I						
		Com Commence		This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deep					
(Signature)			well, th	well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for alleads on new and recompleted wells.					
	Production Secretary (Title)								
	April 7, 1981			Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions with a section multiple section with section multiple section section multiple section section multiple section secti					
	(Da	(Date)		well name or number, or transporter, or other agent seems will be filled for each pool in mi					

Separate Forms C-104 must be filed for each pool in multi