		Janua	ाम्बर त स्वर क			
	State of N					Form C-104
bmit 5 Copies ppropriate District Office STRICT 1	Energy, Minerals and Nat	มุนป R	lesources Department	660	ered	Revised 1-1-89 See Instructions at Bottom of Page
D. Box 1980, Habbs, NM 88240	OIL CONSERVA	TIC	DN DIVISION			at boutom of rage
STRICT II D. Drawer DD. Artesia, NM 88210	P.O. B Santa Fe, New M	ox 20 exicc	88 87504-2088	AUG	2 7 1991	
STRICT III 00 Rio Brazos Rd., Aziec, NM 87410				O. (C. D.	
	REQUEST FOR ALLOWA		D NATURAL GAS			
CIBOLA ENERG	Y CORPORATION			Well AF	YI No.	
ddress		· · · · ·	7103	J		<u></u>
P.O. BOX 166 esson(s) for Filing (Check proper box)	8 ALBUQUERQUE, M		Other (Please explain)			
lew Well	Change in Transporter of: Oil Dry Gas					
completion	Oil Dry Gas Condensate					
change of operator give name d address of previous operator						
DESCRIPTION OF WELL						
case Name WHITNEY	Well No. Pool Name, Inclu 1 WIL	S. 77		Kind of State, F	f Lease Federal on Fee	Lease No.
ocation						1
Unit Letter	Feet From The	2011.	H. Line and660	Fee	et From The	EAST Lin
Section 34 Townshi	p 10S Range 27E		, NMPM,		CHAV	ES County
DESIGNATION OF TRAN	SPORTER OF OIL AND NAT	JRAI	GAS			
lame of Authorized Transporter of Oil	or Condensate	Add	ress (Give address to which	••		
PUEBLO PETROLEUM IN Jame of Authorized Transporter of Casin			O. BOX 8249 ress (Give address 10 which		SWELL, N copy of this form	
	Unit Sec. Twp. Rg			When	·····	
well produces oll or liquids, ve location of tanks.	Unit Sec. Twp. Rg I 34 10S 27E	. Is g	as actually connected?			
this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give commin	gling c	der aumber:			
	Oil Well Gas Well	N	w Well Workover	Deepen	Plug Back S	ame Res'v Diff Res'
Designate Type of Completion	Date Compl. Ready to Prod.	To	l Depth		P.B.T.D.	
1			op OlVCas Pay			
icvations (DF, RKB, RT, GR, etc.)	Name of Producing Pormation	Iot			Tubing Depth	
Perforations	······································				Depth Casing	Shoe .
	TUBING, CASING AN	D CE	MENTING RECORD		· !	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SA	CKS CEMENT
· · · · · · · · · · · · · · · · · · ·	**				-	
· · ·		┉┼╌╍				
Y. TEST DATA AND REQUE	- 1 h				~	
DIL WELL (Test must be ofter Date First New Oil Run To Tank	recovery of total volume of load oil and m Date of Test		equal to or exceed top allowed ducing Method (Flow, pury			r Juli 24 hours.)
			lan Daraman		Choke Size	
Leagth of Test	Tubing Pressure	, Ca	sing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.	W	ier - Bbls.		Gas- MCF	
GAS WELL		<u></u>		, ., 		
Actual Prod. Test - MCF/D	Length of Test	В	als. Condensate/MMCF		Gravity of Co	ondensate
Festing Method (pilot, back pr.)	Tubing Pressure (Shui-in)	- 0	asing Pressure (Shut-in)		Clivke Size	
	· · · · · · · · · · · · · · · · · · ·					
ﻮﺭﻩ ﺧﻮﺭﻩ ﺩﻩﺕ ﺩﻩﺕ ﺩﻩﺕ ﺩﻩﺕ ﺩﻩﺕ ﺩﻩﺕ ﺩﻩﺕ ﺩﻩﺕ ﺩﻩﺕ ﺩﻩ			OILCON	SERV		
l hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Conservation ad that the information given above				••••	
I hereby certify that the rules and reg	ulations of the Oil Conservation ad that the information given above		Date Approved		AUG 2 9	1991
I hereby certify that the rules and reg Division have been complied with ar is true and complete to the best of m	ulations of the Oil Conservation id that the information given above y knowledge and belief.					1991
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m Signature Anthony Urqu	ulations of the Oil Conservation ad that the information given above y knowledge and belief. Lidez Prod. Clerk		By ORIGINA MIKE WI	<u>L SIGN</u> LLIAMS	ED BY	1991
Division have been complied with an is true and complete to the best of m	ulations of the Oil Conservation id that the information given above y knowledge and belief.		By ORIGINA MIKE WI	<u>L SIGN</u> LLIAMS	ED BY	1991

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2)	All sections of this	form must be filled ou	for allowable on new	and recompleted	walls.

Fill out only Sections I, II, III, and YI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each issol in multiply completed wells.